

17/4/61.



County Borough of Great Yarmouth

REPORT

OF

**The Medical Officer
of Health**

The Port Medical Officer

AND

The Principal School

Medical Officer

for the Year

1959

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HEALTH COMMITTEE

1959 - 1960

The Mayor :

Councillor E. W. APPLEGATE

Chairman :

Councillor L. F. BUNNEWELL

Vice-Chairman :

Councillor J. P. WINTER

Members :

Alderman Mrs. K. M. ADLINGTON

Alderman Mrs. L. M. GILHAM

Councillor Mrs. C. BATLEY

Councillor A. I. BURRELL (from 30.12.59)

Councillor E. CANHAM

Councillor Mrs. E. V. FLEET

Councillor J. MALLEY

Councillor Mrs. L. L. PHILPOT

Councillor A. J. POWLES

Councillor J. PYE

Councillor F. A. SPURGEON (to 3.11.59)

Councillor Mrs. M. M. STONE



INTRODUCTION

Health Department,
Town Hall,
Great Yarmouth.

(Telephone : Great Yarmouth 3233)

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF GREAT YARMOUTH.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the borough for the year 1959.

GENERAL OBSERVATIONS.

The general health of the community remained at a satisfactory level. The infant mortality rate (commonly regarded as the most sensitive index of social conditions in an area) was 16.2, a repetition of the figure for 1952 which was the lowest on record. The national rate for the year was 22.2. As recently as 1945 the figure for Yarmouth was 43, and figures over 30 are still commonly recorded in some areas.

Apart from measles, the incidence of infectious diseases was low. There was only one notification of poliomyelitis and the diagnosis in that case was open to some doubt.

Although the health record is reasonably satisfactory, one should not take the complacent view that it will be maintained or improved in the future. For some years it has been obvious that, while the environmental health services still have a very important role, the main line of advance in the public health field is likely to be through the personal health services. These require the active participation of individuals in the community but this is not always easy to obtain. While the public are acutely interested in existing disease and its treatment, they are largely apathetic about its prevention. When they suffer from minor illnesses from which they would in the normal course of events recover without any treatment, they consume large quantities of medicaments which have little good effect except on the finances of the drug firms which purvey them. During an outbreak of poliomyelitis or diphtheria they will flock to be immunised, although it is then too late, but in the intervals between outbreaks it requires constant persuasion and propaganda to get them to submit themselves or their children to the simplest procedures. In this town great efforts have been made to facilitate poliomyelitis vaccination for all eligible groups of the population by arranging evening clinic sessions and special appointments and the individual has only to keep a suitable appointment. Yet there are thousands in the town who are too apathetic to have themselves protected against this disease.

There is no need for people to become health cranks; that would be worse than apathy. All that is required is that they should in their daily lives subscribe to the simple rules of healthy living and co-operate in the special measures which are offered to protect them and their families against specific diseases. The task of swinging public attention away from disease and its treatment and on to the preservation of good health and the prevention of disease is the most important one facing public health workers in this country today.

MIDWIFERY SERVICE.

Of the deliveries in the town, 62% were conducted at home as compared with a national figure of 36% (for 1958). The local figure is one of the highest in the country and required the maintenance by the Council of a relatively large midwifery staff. Until this year the department has been able to maintain a full staff of midwives in spite of a national shortage, but in the latter half of this year there was a deficiency of one. Thanks are due to the remaining midwives for undertaking the additional duties for this is a service in which it is not possible to postpone work or leave it undone.

HEALTH VISITING.

This service also was short staffed and, in anticipation of further vacancies which are likely to result from retirements, the Council sent one nurse on a health visiting training course. It is intended to send more nurses on courses in an attempt to maintain a full staff to carry on the valuable work done by this service.

POLIOMYELITIS VACCINATION.

The staff undertook a considerable operation to ensure that all eligible persons in the town were informed that poliomyelitis vaccination was available and also how they might obtain it. A further large amount of work was also undertaken in organising the clinics to suit different groups in the community, in giving the injections and in maintaining records. All this was work additional to the routine duties of the staff and was partly carried out in unpaid overtime. The energy and enthusiasm with which it was undertaken may be regarded as an index of the devotion of the staff to the work of the department.

B.C.G. VACCINATION.

The second report of the Medical Research Council on this subject shows clearly that B.C.G. vaccination offers a substantial degree of protection against tuberculosis during adolescence. The record of this town in relation to tuberculosis has been very satisfactory in recent years and has improved steadily. If all parents would give consent for their children to have B.C.G. vaccination when it is offered there would be an acceleration of the pace of progress towards the objective of eliminating tuberculosis from the town.

PUBLIC HEALTH INSPECTION.

In 1955 the Council agreed a slum clearance programme for dealing with 500 unfit houses in a period of five years. Although the programme still has one year to run, it is within sight of its target in that 478 houses have already been dealt with by one means or another.

In view of the public concern in some areas that animals are passed through slaughterhouses without being inspected, I am glad to be able to report again that all animals killed in the local slaughterhouses were inspected by members of the staff.

Among the more unusual activities undertaken by the staff was the destruction of a large quantity of deadly nightshade which was found within the area.

ACKNOWLEDGEMENTS.

I wish to commend the staff of the department for another year's hard work and to place on record the appreciation by the staff of the confidence placed in them by the Health Committee.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

Medical Officer of Health.

COUNTY BOROUGH OF GREAT YARMOUTH
STAFF OF THE HEALTH DEPARTMENT

1959

Medical Officer of Health

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H.

Deputy Medical Officer of Health

B. DIDSBURY, M.B. CH.B., D.P.H.

Assistant Medical Officer of Health

M. R. MCCLINTOCK, M.R.C.S., M.R.C.O.G.

Senior Dental Officer

W. NICHOLLS, L.D.S., R.C.S. (to 18.7.59)

Assistant Dental Officer

K. L. HARRIES, L.D.S., R.F.P.S.

Chest Physician (Part-time)

I. M. YOUNG, M.B., CH.B.

Public Analyst (Part-time)

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

Chief Public Health Inspector

***† F. R. PARMENTER**

Deputy Chief Public Health Inspector

***† F. T. PORTER**

District Public Health Inspectors

***L. V. BAILEY**

***†A. L. BURT (from 1.7.59)**

*** R. COLEMAN**

***†M. C. DUFFIELD (to 6.9.59)**

***K. W. RAGER (to 28.2.59)**

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

Rodent Officer

A. O. SCOTT

Superintendent Nursing Officer
MISS G. C. MOORE, S.R.N., S.C.M., Q.N.CERT., H.V.CERT.

Deputy Supervisor of Midwives
MRS. W. DONALDSON, S.R.N., S.C.M.

Midwives
MISS E. GLUCKSMANN, S.C.M.
MISS R. F. HOBBS, S.R.N., S.C.M. (to 10.10.59)
MRS. A. KLEPPE, S.C.M.
MISS M. KNIGHTS, S.R.N., S.C.M.
MISS M. E. NEAVE, S.E.A.N., S.C.M.
MRS. C. THOMSON, S.C.M.
MRS. H. M. KEITH, S.E.A.N., S.C.M.

Health Visitors
MRS. E. BURNELL, S.R.N., S.C.M., H.V.CERT.
MISS C. CONWAY, S.R.N., S.C.M.
MISS J. JONES, S.R.N. S.C.M., Q.N.S., H.V.CERT. (to 11.4.59)
MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.
MRS. E. M. CHARMAN, S.R.N., S.C.M., H.V.CERT.
MISS J. L. BEALES, S.R.N., S.C.M., H.V.CERT.

Tuberculosis Health Visitor
MISS M. BIRD, R.S.C.N., S.C.M., H.V.CERT.

Home Nurses
MISS N. BISHOP, S.E.A.N.
MISS D. M. CHASE, S.R.N., S.C.M. (from 27.3.59)
MRS. K. ELLIS-SMITH, S.E.A.N.
MRS. M. E. GARDINER, S.R.N.
MISS I. GILLINGS, S.E.A.N.
MRS. C. E. GOMPERTZ, S.R.N.
MRS. A. HALL, S.R.N. (to 23.3.59)
MISS L. LEWIS, S.R.N., R.F.N.
MRS. M. PRATT, S.E.A.N.

Mental Health Worker
MISS A. BENSON

Duly Authorised Officers (Part-time)
G. H. HOWLETT
G. E. SKIPPER

Ambulance Officer
J. DERRY

Chief Clerk
A. G. SHOOBRIDGE

STATISTICS

Population—Census 1951	...	...	...	51,105
Population—1959 (estimated by Registrar-General)	...	...	...	51,300
Area of the Borough (acres)	...	...	...	4,533
No. of persons per acre	...	...	...	11
Rateable value (1st April 1959)	...	...	...	£894,358
Product of a penny rate 1959-60	...	...	...	£3,678

* * *

Live Births.		Males	Females	Total
Legitimate	...	356	331	687
Illegitimate	...	29	24	53
		385	355	740
Crude Live birth rate per 1,000 population	...	...	...	14.42
Adjusted birth rate (area comparability factor 1.02)	...	...	...	14.70
Illegitimate live births per cent of total live births	...	...	...	7.16
Stillbirths :—				
Number	...	...	...	15
Rate per 1,000 total live and stillbirths	...	...	...	19.86
Total live and still births	...	...	...	755
Infant deaths (deaths under 1 year)	...	...	...	12
Infant mortality rates :—				
Total infant deaths per 1,000 total live births	...	...	...	16.21
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	17.46
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	—
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	9.45
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	8.10
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...	...	...	27.81
Maternal mortality (including abortion) :—				
Number of deaths	...	...	...	Nil
Rate per 1,000 total live and stillbirths	...	...	...	Nil

* * *

		Males	Females	Total
Deaths	...	368	354	722
Crude death rate per 1,000 population	...	...	...	14.07
Adjusted death rate (area comparability factor 0.90)	...	...	...	12.66

METEOROLOGY

The following table is based on statistics included in the Registrar General's weekly returns for England and Wales and gives particulars of the weather observed at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest °F	Lowest °F	Mean Maxi- mum °F	Mean Mini- mum °F		Mean Daily hours	Mean length of day hours
January	53	21	41.1	33.0	3.3	2.67	8.0
February	57	32	44.5	36.4	0.15	2.53	9.5
March	56	36	48.8	39.5	0.74	3.87	11.5
April	63	34	52.5	42.4	1.39	5.42	13.3
May	64	36	55.5	46.2	0.94	7.76	15.3
June	82	43	64.8	52.0	0.47	8.26	16.5
July	77	47	68.9	56.9	0.94	9.52	16.4
August	82	51	69.4	58.6	2.57	6.93	15.0
September	71	45	66.1	55.9	0.14	6.00	13.0
October	67	36	60.2	51.5	2.78	5.02	10.9
November	56	28	50.15	41.3	2.12	2.24	8.9
December	57	30	47.1	39.6	3.07	0.65	7.7

The main feature of 1959 was the long and fine summer with good sunny periods from May to the beginning of October. It was also exceptionally dry. The total rainfall of 18.61 inches was 10 inches less than last year and during eleven weeks of the year no measurable quantity of rain fell. August was again the hottest month. During the last week the mean maximum temperature was 73.6, and for the whole month 69.4. Although the sun shone freely all summer, July was the sunniest month with a mean daily average of 9.52 hours.

POPULATION

The estimated mid-year population as given by the Registrar General was 51,300, a decrease of 100 on last year's figure and an increase of 200 on the 1951 Census figure. The natural increase in the population (the excess of births over deaths) amounted to 18 and was less than usual because of the higher death rate.

These figures do not show the very great increase in the population during the summer holiday season. From June to September the town accommodates far more than the estimated number given by the Registrar General and it is probable that the population is at least trebled during the peak holiday period. In addition there are a considerable number of day trippers throughout the season.

A table giving the annual population in previous years is given on page 13.

MARRIAGES

880 persons were married during the year. This was 10 less than last year and resulted in a marriage rate of 17.1 per 1,000 population. The national rate was 15.0.

BIRTHS

LIVE BIRTHS.

740 live births (355 females and 385 males) were registered during the year, which was 36 more than in 1958 and gave a crude live birth rate of 14.42 per 1,000 of the population.

For comparison with the national rate it is necessary to make an adjustment for the way in which the sex and age distribution of the local population differs from that of England and Wales. The adjusted rate for Great Yarmouth was 14.7 which may be compared with a provisional national rate of 16.5.

Of the 740 total births, 687 were legitimate and 53 were illegitimate. Illegitimate to legitimate births were therefore in the ratio of 1 to 13. Expressed in relation to 1,000 live births the local rate was 72 compared with 51 for England and Wales.

The table on page 13 shows variations in the live birth rate in previous years.

STILLBIRTHS.

The number of stillbirths registered was 15 (12 male and 3 female). This was 2 less than last year and gave a rate of 19.8 per 1,000 total live and stillbirths. The national rate of 21.0 was the lowest ever recorded.

MORTALITY

After adjustment for inward and outward transfers the number of deaths attributed to the Borough amounted to 722 (368 males and 354 females). This was an increase of 62 on last year's figure and resulted in a crude death rate of 14.07 for 1,000 population as compared with 12.84 in 1958. The adjusted death rate (i.e. the rate after applying the Registrar General's area comparability factor which makes allowance for the difference between the age and sex distribution of the population of the town and that of England and Wales as a whole) was 12.66 and the comparable national rate was 11.6.

From the table on page 12 it will be seen that 77% of deaths were in the age group of 65 and over. The changing pattern of mortality is well illustrated by the fact that fifty years ago the percentage in this group was 37.2.

The table on page 14 gives particulars of the causes of death in age groups classified in accordance with the international categories adopted by the Registrar General.

Death attributable to heart disease, cancer and vascular lesions of the nervous system accounted for 67.4 per cent of all deaths as against 69.3 last year, and the number of deaths in each of these categories during the past two years and the rate per 1000 population is shown in the following table:—

Cause of death	1958			1959		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease—						
all forms	222	4.31	33.6	249	4.85	34.48
Cancer—						
all forms	135	2.62	20.45	147	2.86	20.36
Vascular lesions of central nervous system	101	1.96	15.30	91	1.77	12.60

There was an increase of 27 in the number of deaths due to heart disease and 87.1 per cent were of persons aged 65 and over. Deaths from all forms of cancer rose to 147, the highest ever recorded, and represents an increase of 9 per cent over last year's figure of 135. There has been a steady rise in the number of deaths due to cancer of the lung or bronchus during recent years and the number rose to 35 as against 29 last year. The average figure of deaths in this group over the past 10 years was 22. The death rate for all forms of cancer was 2.86 per 1,000 population and the national rate 2.14.

The table below shows the age and sex distribution of all deaths from cancer of lung or bronchus during the past six years.

Year	Deaths from cancer of the lung or bronchus, 1954 - 1959							
	Under 45		45 - 64		65 and over		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
1954	1	—	6	3	11	1	18	4
1955	1	—	9	1	5	1	15	2
1956	1	—	12	3	7	3	20	6
1957	1	—	17	—	15	—	33	—
1958	1	—	9	3	13	1	23	4
1959	—	—	18	3	12	2	30	5

There were only three deaths resulting from tuberculosis. These were all respiratory cases and occurred in two females aged 46 and 71 and one male aged 65.

Excluding tuberculosis and pneumonia, there were no deaths from a notifiable disease. Motor vehicles caused 7 deaths, the same as last year, and there were 4 suicides as against 2 in 1958.

INFANT MORTALITY.

Deaths of infants under 1 year numbered 12 (3 female and 9 male). This was one less than last year and gave an infant mortality rate of 16.21 for 1,000 live births which repeats the low record established in 1952. It is encouraging to note that this rate compares favourably with the national rate of 22.2 which is also the lowest ever recorded.

The following figures show the general improvement in the infant death rate over ten year intervals since 1909 :—

Year	Live births	No. of infant deaths	Rate per 1,000 live births
1909	1,377	169	122
1919	1,016	106	104
1929	865	51	58
1939	758	32	50.6
1949	813	28	32.4
1959	740	12	16.2

NEONATAL MORTALITY.

Of the 12 deaths referred to in the previous section, 7 occurred within the first four weeks of life and were thus in this group. This is also the lowest ever recorded and produced a death rate of 9.4 per 1,000 live births against the national rate of 15.8.

PERINATAL MORTALITY.

This term is used to describe the combination of stillbirths with deaths occurring during the first week of life. The local rate was 27.8 per 1,000 live and stillbirths and the national rate 34.2.

Corresponding figures last year were 34.6 and 35.1 respectively.

MATERNAL MORTALITY.

There were no deaths attributable to maternal causes. The national rate was 0.38 per 1,000 total live and stillbirths.

Sex Incidence and Percentage of Deaths in Age Groups										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Total 1959	Total 1958
Males	9	3	3	2	10	81	99	161	368	346
Females	3	1	—	—	3	50	90	207	354	314
Total	12	4	3	2	13	131	189	368	722	660
% of total	1.7	0.5	0.4	0.2	2.0	18.1	26.1	51.0		

VITAL STATISTICS

GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS		MARRIAGES		DEATHS		INFANT MORTALITY		NEO-NATAL MORTALITY		STILLBIRTHS	
		Number	Rate per 1,000 population	Number (persons)	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 live births	Number	Rate per 1,000 live births	Number	Rate per 1,000 total live and stillbirths
		Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales
1931‡	56,769	844	14.8	15.8	870	15.3	15.6	742	10.9	12.3	49	58.1	66
1938	53,780	756	14.1*	15.1	1,142	21.2	17.6	663	10.7	11.6	39	51.6	52.8
1939	53,090	758	14.3*	14.8	1,234	23.3	21.2	719	11.9†	12.1	32	42.1	50.6
1940	43,730	705	16.1*	14.1	1,234	28.2	22.5	762	15.1	14.4	40	62.5	56.8
1941	28,350	570	20.1*	13.9	734	25.9	18.6	593	20.9*	13.5	19	43.4	60.0
1942	25,200	469	18.6*	15.6	706	28.0	17.7	443	17.6*	12.3	17	36.2	50.6
1943	26,140	560	21.4*	16.2	584	22.3	14.0	487	18.6*	13.0	25	44.6	49.1
1944	28,340	657	23.2*	17.7	606	21.4	14.3	408	14.4*	12.7	16	24.4	45.4
1945	34,250	672	19.6*	15.9	906	26.5	18.7	537	15.7*	11.4	29	43.2	46.0
1946	43,370	1,048	24.2*	19.2	984	22.7	18.0	634	14.6*	11.5	30	28.6	42.9
1947	47,410	1,078	22.7*	20.5	910	19.2	18.6	631	13.3*	12.3	35	32.5	41.4
1948	50,140	951	19.0*	17.8	988	19.7	18.2	630	12.6*	10.8	31	32.6	33.9
1949	50,460	813	16.1*	16.7	850	16.9	17.1	644	11.5	11.7	28	34.4	32.4
1950	51,310	771	15.2	15.8	962	18.8	16.3	641	11.1	11.6	22	28.5	29.6
1951‡	51,105	729	14.4	15.4	824	16.1	16.4	767	13.4	12.5	22	30.2	29.7
1952	50,900	739	14.7	15.3	876	17.2	15.8	629	11.0	11.3	12	16.2	27.6
1953	51,300	715	14.1	15.4	868	16.9	15.6	669	11.6	11.4	15	21.0	26.8
1954	51,550	782	15.6	15.2	808	15.7	15.4	638	10.8	11.3	21	26.9	25.5
1955	51,600	696	13.9	15.0	862	16.7	16.1	678	11.4	11.7	23	33.1	24.9
1956	51,500	738	14.8	15.7	918	17.8	15.8	656	11.9	11.7	17	23.0	23.8
1957	51,500	746	14.8	16.1	802	15.6	15.4	657	11.9	11.5	16	21.5	23.0
1958	51,400	704	13.9	16.4	890	17.3	15.1	660	11.5	11.7	13	18.4	22.6
1959	51,300	740	14.7	16.5	880	17.1	15.0	722	12.6	11.6	12	16.2	22.2

▲ blank space on the table indicates that the information is not available.

* Crude rate.

† Based on a population figure 52,780 as issued by Registrar General.

‡ Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.
CAUSES OF DEATH BY SEX AND AGE GROUP.
1959.

Cause of death	Males	Females	All ages	Age Groups								All Ages 1958		
				Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over			
Tuberculosis, respiratory	1	2	3	—	—	—	—	—	—	1	2	—	4	
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	
Syphilitic disease	2	1	3	—	—	—	—	—	—	1	2	—	1	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	3	
Malignant neoplasm, stomach	5	6	11	—	—	—	—	—	—	1	4	4	2	
Malignant neoplasm, lung, bronchus	30	5	35	—	—	—	—	—	—	—	21	10	4	
Malignant neoplasm, breast	—	13	13	—	—	—	—	—	—	1	5	5	9	
Malignant neoplasm, uterus	—	5	5	—	—	—	—	—	—	—	3	2	5	
Other malignant and lymphatic neoplasms	42	41	83	—	—	—	—	—	5	19	23	36	71	
Leukæmia, aleukæmia	—	—	—	—	—	—	—	—	—	—	—	—	5	
Diabetes	3	3	6	—	—	—	—	—	—	—	3	3	10	
Vascular lesions of nervous system	32	59	91	—	—	—	—	—	—	10	22	59	101	
Coronary disease, angina	70	51	121	—	—	—	—	—	2	23	39	57	102	
Hypertension with heart disease	3	4	7	—	—	—	—	—	—	2	1	4	13	
Other heart disease	48	73	121	—	—	—	—	—	1	4	15	101	107	
Other circulatory disease	10	9	19	—	—	—	—	—	—	5	4	10	37	
Influenza	2	2	4	—	—	—	—	—	—	—	1	3	2	
Pneumonia	21	20	41	3	1	—	—	—	—	4	12	21	17	
Bronchitis	35	11	46	1	—	—	—	—	—	13	16	16	29	
Other diseases of respiratory system	—	—	—	2	—	—	—	—	—	1	1	—	2	
Ulcer of stomach and duodenum	—	—	—	5	1	6	—	—	—	2	3	1	8	
Gastritis, enteritis and diarrhoea	3	1	4	—	—	—	1	—	—	—	2	1	3	
Nephritis and nephrosis	3	1	4	—	—	—	—	—	1	1	1	1	2	
Hyperplasia of prostate	7	—	7	—	—	—	—	—	—	—	3	4	6	
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	
Congenital malformations	4	1	5	2	2	1	—	—	—	—	—	—	6	
Other defined and ill-defined diseases	—	—	—	24	27	51	6	—	—	9	13	23	45	
Motor vehicle accidents	5	2	7	—	—	—	—	2	—	1	—	4	7	
All other accidents	8	15	23	—	1	1	1	—	—	2	4	14	18	
Suicide	—	—	—	3	1	4	—	—	1	3	—	—	2	
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	
ALL CAUSES	368	354	722	12	4	3	2	13	131	189	368	660

INFECTIOUS DISEASES

Apart from measles, the incidence of notifiable infectious diseases was low. The table on page 16 gives in age groups the number of notifications received.

There was a considerable outbreak of measles. The 435 cases notified may be taken as an index of its extent rather than as an accurate total of the cases which occurred.

One case of poliomyelitis was notified in a young man on account of symptoms which he developed 23 days after a febrile illness. There was some doubt about the diagnosis but it could not be excluded and the notification had to be accepted. Attempts to isolate the poliomyelitis virus from specimens taken from the patient and all his family contacts were unsuccessful.

The number of notified cases of infectious hepatitis was rather high and led to an investigation into the possibility that cases might be associated with the giving of injections of poliomyelitis vaccine or other substances. No association was found.

Influenza appeared in the town towards the end of February and reached its peak in the second week of March, after which it gradually diminished. As compared with other years, the outbreak was of only moderate extent.

FOOD POISONING.

The only important incident under this heading was an outbreak at the nurses' home of a local hospital. Fortunately it was detected early and appropriate action was taken before it had spread.

The history of the outbreak illustrates the importance of investigating fully cases of food poisoning, especially in institutions. One nurse with symptoms was transferred from the nurses' home to the local isolation hospital and was found to be suffering from an infection with salmonella typhimurium. Routine investigation at the home showed that 13 of the other nurses were also infected although only four of them had symptoms suggestive of food poisoning. All infected nurses were taken off duty and the hospital was closed to new admissions. All members of the hospital staff were collected in groups and received talks on the potential danger of the situation and advised on how to prevent the infection from spreading. In the event, only one patient was found to be infected with the same organism and this may well have been coincidental.

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1959	Total 1958
	0 -	1 -	3 -	5 -	10 - 15	25 -	45 -	65 +	Un- known			
Scarlet fever	—	—	1	6	1	2	—	—	—	10	8	
Whooping cough	—	1	—	1	—	—	—	—	—	2	21	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	
Measles	9	77	95	236	4	3	2	—	9	435	228	
Pneumonia	—	—	—	—	—	1	4	16	4	—	25	
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	2	
Acute poliomyelitis	—	—	—	—	—	1	—	—	—	1	—	
Paralytic	—	—	—	—	—	—	—	—	—	—	—	
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	
Infective	—	—	—	—	—	—	—	—	—	—	1	
Post infectious	—	—	—	—	—	—	—	—	—	—	1	
Dysentery	—	2	2	3	2	—	4	1	2	—	16	17
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	2
Puerperal pyrexia	—	—	—	—	—	6	5	—	—	11	5	
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	2	2	3	1	2	1	—	1	—	12	42
Erysipelas	—	—	—	—	—	—	1	—	1	—	2	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	1	1	20	13	3	5	1	—	—	44	9
Total	9	83	101	269	21	18	22	18	8	9	558	255

TUBERCULOSIS.

The number of cases on the tuberculosis register at the end of 1959 was 375. They were classified as follows :—

	Men	Women	Children	Total
Pulmonary	178	144	18	340
Non-pulmonary	15	14	6	35
Total	193	158	24	375

The numbers remaining on the register in the years since 1948 are :—

1948—301	1951—357	1954—348	1957—340
1949—313	1952—351	1955—365	1958—358
1950—338	1953—346	1956—375	1959—375

New Cases.

The number of new cases which came to notice was 34, of which 20 were formal notifications and 13 were transfers from other areas, and one death was registered as resulting from pulmonary tuberculosis.

Of the 20 formal notifications, 2 resulted from a Mass Miniature Radiography survey, 15 were referred to the Chest Physician by general practitioners, and 3 attended the Chest Clinic as contacts of known cases of tuberculosis. One of these three was a schoolchild.

Three of the new cases were visitors to the town and were transferred to hospitals in the area of their homes.

The one case of non-pulmonary tuberculosis was a young man who came from abroad to obtain treatment under the National Health Service.

Of the 20 new cases, 11 were confirmed bacteriologically.

Analysis of formal notifications :—

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	1	1	2	2	3	—	1	1	11
Females	—	—	—	1	—	—	1	1	2	2	1	—	—	8
Non-Pulmonary														
Males	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—

The number of formal notifications gives a notification rate for all forms of the disease of 0.39 per 1,000 population compared with 0.48 in 1958.

The table at the end of this section gives particulars of the incidence of tuberculosis in each year since 1949.

Mortality.

There were three deaths from tuberculosis during the year, giving a death rate of 0.058 per 1,000 population, compared with 0.077 in 1958. The corresponding death rate for England and Wales was 0.085.

There were no deaths from non-pulmonary tuberculosis. Of the 3 deaths from pulmonary tuberculosis, one was of an elderly man who had been ill for many years, one of a woman who died of a bronchial obstruction after pneumonectomy, and the other of an elderly woman who first came to notice through the death certificate.

The following table gives an analysis of the deaths in age groups :—

	0 -	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary											
Male	—	—	—	—	—	—	—	—	1	—	1
Female	—	—	—	—	—	—	1	—	1	—	2
Non-pulmonary											
Male	—	—	—	—	—	—	—	—	—	—	—
Female	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	1	—	2	—	3

The numbers of notifications and deaths from all forms of the disease, with the resultant rates per 1,000 population, for each year since 1949 are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1949	50	3	0.99	0.05	17	1	0.33	0.02
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04
1957	17	—	0.33	—	7	2	0.13	0.04
1958	24	1	0.46	0.019	4	—	0.077	—
1959	19	1	0.37	0.02	3	—	0.06	—

VENEREAL DISEASES.

The consultant at the Venereal Diseases Clinic reports as follows :—

“The position in Great Yarmouth and the immediate surroundings was satisfactory. There was an increase in syphilis confined to the late stages of the disease. This is not at all surprising, since the incubation period varies from ten years to about thirty years. There was a marked decrease in the incidence of gonorrhoea and this is rather surprising in that it is in contrast to the general trend throughout the country. It is most important that a slide of discharge from the urethra be taken before any treatment is given, since there is a close resemblance sometimes between gonorrhoea and non-gonococcal urethritis”.

The following figures are extracted from the statistical table provided by the consultant.

Nine patients attending the clinic for the first time were diagnosed as suffering from syphilis. Of these, 1 was primary, 1 was congenital and the others had late or latent manifestations of the disease.

The number of new cases of gonorrhoea was 11, of which 9 were male and 2 female.

Of the 74 other patients attending the clinic for the first time, 47 required no treatment and 17 suffered from non-gonococcal urethritis.

NATIONAL HEALTH SERVICE ACT, 1946

INTRODUCTION

This section of the report describes the services provided by the Council acting as a local health authority under Part III of the National Health Service Act.

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS.

An ante-natal clinic with a medical officer in attendance was held at Yarmouth clinic on alternate Wednesday afternoons. This was sufficient to meet all needs as most mothers now book a general practitioner for their confinement. In spite of this trend the number of attendances at this clinic increased from 104 last year to 133. Some general practitioners refer their own patients to the clinic merely for the purpose of having blood specimens taken. This service is being continued at present to ensure that every expectant mother has a blood examination.

Post-natal examinations are carried out at the same clinics by appointment, but in spite of every effort it is most difficult to persuade mothers to attend and in fact only two were seen.

The main ante-natal work is carried out by the midwives in close co-operation with the general practitioners, either in the patient's own home or at midwives' ante-natal clinics. The midwives try as far as possible to time their examinations at a reasonable interval between those of the general practitioner.

Parentcraft and relaxation classes continue to flourish. These have become an integral part of the service. The patients booked for hospital continue to attend and also patients from the neighbouring villages. Details of attendances are shown below :—

	No. of women who attended during the year	Total number of attendances during the year
Great Yarmouth	101	513
Gorleston	144	793
	245	1306

CHILD WELFARE CLINICS.

Child welfare clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Magdalen Clinic (Methodist Church)	— Wednesday, 2.30 p.m. to 4.30 p.m.

The premises at the Methodist Church on the Magdalen Estate continue to prove very satisfactory.

The Friday clinics at Yarmouth and Gorleston provide facilities for vaccination and immunisation each week.

The following table shows the number of children and the number of attendances by age groups :—

No. of children who attended during the year and who were born in :			Total no. of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were :			Total attendances during the year
1959	1958	1957-54		Under 1 year	1 but under 2	2 but under 5	
476	533	496	1,505	11,820	1,445	1,121	14,386

TODDLERS' CLINIC.

This clinic was discontinued throughout this year owing to depletion of the health visiting staff.

WELFARE FOODS.

Distribution of welfare foods (national dried milk, orange juice, cod liver oil and vitamin tablets) was carried out from the following centres at the times shown :—

Yarmouth Clinic, Greyfriars Way.	Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic, Trafalgar Road East.	Monday and Friday, 2.30 p.m. to 4.30 p.m.
Methodist Church, Magdalen Way.	Wednesday, 2.30 p.m. to 4.30 p.m.
Women's Voluntary Services, Dene Side.	Discontinued in April 1959

The following table gives particulars of the numbers of items sold :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	packets Vitamin Tablets	Bottles Orange Juice
28.3.59	4057	736	686	5798
27.6.59	3736	525	667	6923
26.9.59	3900	497	674	7319
26.12.59	3823	662	581	5603
Total 1959	15516	2420	2608	25643
Total 1958	20387	2581	2568	25999
Total 1957	26622	4002	2482	40819

Owing to structural repairs to their offices, the Women's Voluntary Services were unable to distribute welfare foods at their offices and temporary accommodation was afforded them in the Great Yarmouth Clinic. Subsequently they moved to other premises but they discontinued the distribution of welfare foods as the needs of the public appeared to be satisfied by the arrangements at the clinics.

Sincere thanks are again due to the W.V.S. for the valuable assistance they have given in the distribution of welfare foods.

PROVISION OF MATERNITY OUTFITS.

Maternity outfits were provided free of charge for mothers having their confinements at home. If the mothers were transferred to hospital at the last moment and discharged home again this large pack was exchanged for a smaller one. Packs not used were returned to the department. A total of 575 were issued during the year.

CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

The arrangements for the care of the unmarried mothers and their babies remained the same as in previous years. During this year the Council increased their annual grant in support of the general work of the Norwich Diocesan Council for Moral Welfare, and they also accepted responsibility for three mothers in St. Paul's Lodge and for one mother in another home.

Extra help and advice were given to St. Paul's Lodge by the area health visitor and the Superintendent Nursing Officer during a period of three months when the Matron was absent.

PREMATURE BIRTHS.

The arrangements for the nursing of premature babies at home was maintained as in previous years. Two fully equipped cots were available in the department and were supplied on the midwives' requests as quickly as possible. The need for special vigilance over cold injury of the newborn continued to be one of the problems of domiciliary midwifery. In homes where adequate care could not be provided, hospital accommodation was readily available.

The hospital sent to the local authority information about all premature babies and their outcome in accordance with the Ministry scheme introduced in 1953.

The table on page 25 gives particulars of all live and still births.

FAMILY PLANNING.

Last year it was reported that the Council had authorised the use of the clinic building for clinics run by the Family Planning Association. These clinics were started in April and have been held on the second and fourth Wednesdays in each month from 5 to 7 p.m.

DENTAL CARE.

Dental inspection and treatment of expectant and nursing mothers and of children under the age of five years were available as in previous years.

Every mother booking a midwife for her confinement was advised of the importance of her dental condition and those who were not under the care of their general dental practitioner were urged to attend the dental clinic for inspection and treatment. In spite of this there was a further fall in the numbers who attended as compared with previous years. It may be that a greater number of mothers were attending dentists in general practice, but it is probable that staff shortages in the dental service and in the health visiting service had something to do with the reduced numbers.

The fall in the number of children attending the clinic has not been so serious despite the difficult staff position which arose after July when Mr. Nicholls, Principal Dental Officer, retired. Bringing children to the dentist at an early age is important not only because of the benefit they receive from treatment, but also because by making the child accustomed to a dental surgery it prevents the fear which tends to develop in later life. From the point of view of the dental officers, children who are brought early usually become the best patients.

The following table shows the numbers provided with dental care over the past five years :—

(a) Numbers provided with dental care :—

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers				
1955	147	142	112	73
1956	123	113	95	69
1957	106	96	93	76
1958	90	85	75	57
1959	68	65	63	55
Children under five				
1955	164	135	116	100
1956	199	174	158	146
1957	351	261	251	245
1958	405	263	251	255
1959	344	209	207	195

(b) Forms of dental treatment provided :—

	Extractions	General anaesthetics	Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Crowns or Inlays	Radiographs	Complete	Partial	Dentures provided	Total
Expectant and nursing mothers											
1955	491	77	146	71	—	—	4	26	39	65	
1956	330	67	134	31	3	1	2	22	35	57	
1957	166	46	139	24	1	—	5	10	25	35	
1958	142	35	67	25	13	—	1	9	21	30	
1959	130	34	75	26	2	—	—	11	22	33	
Children under five											
1955	109	51	41	—	257	—	—	—	—	—	
1956	168	92	83	—	—	330	—	—	—	—	
1957	248	149	96	—	—	564	—	—	—	—	
1958	278	159	90	—	—	477	—	—	—	—	
1959	207	117	70	—	—	412	—	—	—	—	

PREMATURE BIRTHS

(i.e. live births and still births of $5\frac{1}{2}$ lbs. or less at birth).

1. No. of premature live-births notified (as adjusted by transferred notifications).

(a) in hospital	26
(b) at home	17
(c) in private nursing homes	—
Total	43

2. No. of premature still-births notified (as adjusted by transferred notifications).

(a) in hospital	6
(b) at home	3
(c) in private nursing homes	—
Total	9

Weight at birth	Premature Live Births															Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less (1,500 gms. or less)	6	—	5	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	9	1	8	1	1	—	—	—	—	—	—	—	—	—	—	3	2	—
Over 4 lb. 6 oz., up to and including 4 lb. 15 oz. (2,000—2,250 gms.)	—	—	—	7	—	7	—	—	—	—	—	—	—	—	—	1	—	—
Over 4 lb. 15 oz., up to and including 5 lb. 8 oz. (2,250—2,500 gms.)	11	1	10	9	—	9	—	—	—	—	—	—	—	—	—	1	1	—
Total	26	2	23	17	1	16	—	—	—	—	—	—	—	—	—	6	3	—

MIDWIFERY SERVICE

This section includes information both on the duty of the authority to provide a Domiciliary Midwifery Service under section 23 of Part III of the National Health Service Act and on its function under the Midwives Act, 1951, to act as Local Supervising Authority to all midwives practising in the area.

MUNICIPAL MIDWIVES.

The authority's establishment provides for 8 midwives. One resigned on being married during the summer and advertisement for a replacement was delayed by the printing strike but, even when the advertisement was published, there were no applicants. This is a reflection of the national shortage of midwives. The local shortage was accentuated by an abnormal amount of sick leave during the summer months and this placed a considerable strain on the remaining members of the staff right through to the end of the year.

Ministry of Health circular 1/60 asks for information about arrangements for relieving midwives of the arduous nature of their work owing to calls made on them at night. The most that could be done here to relieve the strain on the midwives was to engage a part-time maternity nurse to help with maternity nursing and ante-natal clinics. The possibility of introducing a rota system was considered but the midwives themselves were not in favour of it because they felt that it would lead to less continuity in the care of their patients.

It is to the credit of the midwives that in spite of the staff shortage they maintained the same standard of ante-natal and post-natal care throughout the year. No midwives were sent on refresher courses but three attended courses organised by the Royal College of Midwives on Parentcraft, Group Teaching and Relaxation. Six of the midwives have now received this training.

INSTITUTIONAL AND INDEPENDENT MIDWIVES.

Eleven midwives employed by the General Hospital notified their intention to practise in this area.

One independent midwife notified her intention to practise in this area for one patient only.

DISCIPLINARY ACTION.

It was not found necessary to report any midwife to the Central Midwives Board under the disciplinary code.

NUMBER OF CONFINEMENTS

The total number of confinements in the borough rose from 751 to 875 this year. Of these, 541 (61.8%) were delivered at home and 334 (38.2%) in hospital. The national figure for home confinements for 1958 was 36.067%.

Of the patients delivered in hospital, 182 were discharged before the fourteenth day and were attended by the domiciliary midwives.

The following table, taken from the return made to the Ministry of Health, gives details of the attendance of doctors at confinements.

	Domiciliary Cases					Cases in Institutions	
	Dr. not booked		Dr. booked		Total		
	Dr. present at delivery	Dr. not present at delivery	Dr. present at delivery	Dr. not present at delivery			
Midwives employed by the authority	—	5	77	458	540	—	
Midwives employed by hospital management committees	—	—	—	—	—	334	
Midwives in private practice	—	—	1	—	1	—	
Totals	—	5	78	458	541	334	

ADMINISTRATION OF ANALGESIA.

All midwives employed by the authority are trained in the administration of gas and air analgesia. It was administered to 387 patients on their own responsibility and to 73 patients when the doctor was present.

Pethidine analgesia was administered to 280 patients on their own responsibility and to 52 patients when the doctor was present.

Trilene is not used by midwives on their own responsibility.

All the midwives employed by the hospital are now qualified to administer gas and air analgesia.

CONFINEMENT IN HOSPITAL ON SOCIAL GROUNDS.

The Health Department has for years undertaken the assessment of the need for admission to hospital for confinement on social (as distinct from medical) grounds. The number of homes investigated was 103. In view of the limited number of maternity beds, standards have to be very strict and 35 applicants were rejected and were subsequently delivered at home.

MIDWIVES' ANTE-NATAL CLINICS.

Ante-natal clinics were held each Monday afternoon in Great Yarmouth and each Tuesday afternoon in Gorleston, at which midwives conducted routine examinations of patients booked with general

practitioners and of those booked with the midwife only. At these clinics better facilities are available than in the homes for midwives to carry out their routine work, but home visits are still available for those who prefer them. The majority of the mothers prefer to attend the clinic where they can meet each other in a friendly atmosphere, and they often combine their clinic visits with shopping expeditions. Appointments are given to all mothers and, with two consulting rooms now in use at each clinic, waiting time has been cut to a minimum. Routine home visits are paid to the mothers in the later stages of pregnancy.

Health education and preparation for motherhood were undertaken by a health visitor in co-operation with the midwives. Six midwives are now trained in the techniques of group teaching and relaxation.

MEDICAL AID

Number of patients for whom medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a midwife :—

(a) For domiciliary cases :—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	121
(ii) Others	4
(b) For cases in institutions	147

HEALTH VISITING

The staff consisted of 7 health visitors including one who was fully engaged on tuberculosis work. All but one of the remainder devoted part of their time to school health work and there were in addition 2 full-time school nurses on the staff.

One health visitor was married early in the year and subsequently left the service. After a period of time without a replacement the Council decided to send one of the district nurses for health visiting training.

Each health visitor is in general responsible for all work (except tuberculosis) in her area but when a health visitor shows special aptitude for one subject, e.g. health education, problem families, venereal diseases, or the aged, her services may be used outside her own area.

An increased amount of work was placed on the health visitors by the intensive campaign for poliomyelitis vaccination but their routine work was maintained at a high level. Work among the aged and handicapped continued to grow. At the end of the year there were 317 on their visiting lists in the following categories :—

Aged	246
Spastic	6
Epileptic	24
Others	41
<hr/>	
	317

The number of visits paid to elderly people was 879.

The Council continued their policy of sending health visitors to refresher courses every five years. One health visitor attended such a course in Leeds.

The following is a survey of the work done during the year:—

Health Visitors.

No. of children under 5 years of age visited during the year	4,665
Expectant mothers, first visits	367
" " " total visits	773
Children under 1 year of age, first visits	753
" " " total visits	5,392
Children aged 1 year and under 2 years—total visits	2,896
Children aged 2 years and under 5 years—total visits	4,490
Tuberculosis households—total visits	174
Other patients—total visits	2,883
Total number of households visited by Health Visitors	4,334

Tuberculosis Health Visitor.

Total visits paid to tuberculous households	868
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HOME NURSING SERVICE

STAFF.

The authority increased the establishment to nine full-time and two part-time nurses. This change was made owing to the pressure of work in the centre of Yarmouth. The districts were re-arranged and the nurses now work in pairs with one full-time holiday relief. This new arrangement seems to work very well.

The allocation of work continues to be organised from the Town Hall during office hours and by the Superintendent Nursing Officer or the Senior Nurse at other times.

The Senior Nurse, Mrs. A. E. Hall, retired in April and the good wishes of the Health Committee and the staff were extended to her to wish her many happy years of retirement. Mrs. M. E. Gardiner was appointed as Senior Nurse to succeed her.

Two nurses attended refresher courses during the year and others attended Study Days in Norwich arranged by the Education Department of the Norfolk County Council.

As indicated in previous reports the Home Nursing Service continues to relieve both inpatient and outpatient departments of the hospital.

Patients needing medical and surgical care are discharged home early and their treatment is continued in their own homes. Co-operation with the Chest Clinic is also maintained at a high level and the Chest Physician has congratulated the Home Nurses on their care of patients at home.

General practitioners make use of the service for their patients in various ways, e.g. injections, poultices, dressings, douches, bladder irrigations and general nursing care.

The daily injection clinic continued to flourish during the summer months, and during the winter months is reduced to a weekly session. The clinic is available for residents and summer visitors alike.

STATISTICS.

The number of patients treated and the number of visits paid by the nurses were as follows :—

Year	No. of patients nursed	No. of visits
1949	761	19,251
1950	872	21,791
1951	1,008	21,890
1952	1,051	24,992
1953	1,061	23,804
1954	1,317	29,268
1955	1,444	21,303
1956	1,561	33,790
1957	1,409	33,670
1958	1,259	34,892
1959	1,197	33,146

The following is a summary of the work done in 1959 :—

No. of patients nursed	1,197
„ „ new patients	968
„ „ patients still on books at end of year	256
„ „ visits to patients	33,146
„ „ patients aged 65 and over	708
„ „ patients aged under 5 years	22
„ „ visits to patients aged 65 and over	23,554
„ „ visits to patients aged under 5	204
„ „ patients who had more than 24 visits	288

The following table shows the nature of patients treated during the year :—

	New patients	All patients
Medical	777	964
Surgical	155	195
Infectious diseases	2	2
Tuberculosis	20	22
Maternity complications	14	14
Others	—	—
	968	1197

VACCINATION AND IMMUNISATION

SMALLPOX.

The importance of vaccination against smallpox continues to be stressed to parents of newly born infants by the health visitors and staff of the infant welfare clinics. During the year 407 infants were vaccinated and this number is 55% of the total live births in 1959.

The total number of vaccinations and re-vaccinations carried out at all ages was 457, 266 having been carried out by general practitioners and 191 by clinic staff. The following table shows the analysis of the vaccinations in age groups:—

	Age at date of vaccination					Total
	Under 1	1	2-4	5-14	15 or over	
Primary vaccinations	407	9	10	5	16	447
Re-vaccinations	—	—	—	2	8	10
Totals	407	9	10	7	24	457

DIPHTHERIA AND WHOOPING COUGH.

The reports of outbreaks of diphtheria from other parts of the country serve as a reminder that, although the general incidence is very much less, the disease is still with us and that it is still necessary for parents to have their children immunised against it.

The effectiveness of immunisation against whooping cough is now fully demonstrated and all parents should have their children protected against this distressing disease. Propaganda is carried out by all available means, the most successful being the personal contacts of the health visitors.

Protection against these two diseases is usually given by a single course of combined antigen but separate courses are available. The details of the programme were given in the annual report of 1957. Immunisation was available at the clinics and from general practitioners.

During 1959, 669 children were given a primary course of diphtheria immunisation and 528 children received re-inforcing doses. The number of children immunised against whooping cough was 619.

TUBERCULOSIS.

Parents of schoolchildren of 13 years of age and over, including those attending colleges of further education, were offered the opportunity of having their children protected if necessary against tuberculosis by the use of B.C.G. vaccine. Vaccination was only undertaken if a preliminary skin test revealed that the child had no natural immunity to tuberculosis. This scheme was in addition to the vaccinations carried out as a part of the programme to prevent the spread of tuberculosis among contacts of known cases by the staff of the Chest Clinic.

The table below gives the results of B.C.G. vaccinations carried out during the year 1959 :—

Schoolchildren Scheme (schoolchildren under 14 years of age) :—

No. skin tested	598
No. found positive	66
No. found negative	513
No. vaccinated	513

Older Schoolchildren Scheme (schoolchildren 14 years and upwards) :—

No. skin tested	170
No. found positive	47
No. found negative	118
No. vaccinated	118

Students attending further education establishments :—

No. skin tested	27
No. found positive	5
No. found negative	22
No. vaccinated	22

Contact scheme :—

No. skin tested	864
No. found positive	156
No. found negative	701
No. vaccinated	101 (including 24 new-born babies who were not tested).

The figures for the contact scheme include 755 schoolchildren who were investigated as contacts of the two student teachers who developed tuberculosis whilst teaching in two Great Yarmouth schools. A fuller account of these investigations will be found on page 95 of the Principal School Medical Officer's Report.

The Second Report of the Medical Research Council's Tuberculosis Vaccines Clinical Trials Committee was published in the British Medical Journal on the 12th September 1959. This report clearly shows that B.C.G. vaccination affords a substantial degree of protection against tuberculosis during adolescence. It is to be hoped that in future years even more parents will take advantage of the B.C.G. vaccination scheme so that their children may be protected during a critical stage in their development.

POLIOMYELITIS.

Early in September 1958 the poliomyelitis vaccination scheme was extended to include all young people under the age of 26 years. The official scheme was further amended by offering a third injection of vaccine after a period of not less than seven months from the second injection in order to re-inforce and prolong the immunity.

The public were free to choose whether to have vaccination carried out by the Health Department staff or by general practitioners. The Health Department undertook a considerable propaganda operation and invoked the co-operation of schools, factories, workshops and business houses. The majority of vaccinations were carried out in clinics or in factories by the Health Department staff. It is pleasing to record that by the summer, when the danger of contracting poliomyelitis is at its highest, a large proportion of young people had been vaccinated against this disease. The expansion of the poliomyelitis vaccination programme involved the medical, nursing and clerical staff of the Health Department in a vast amount of additional work which was willingly accepted by all concerned.

The following table gives a summary of the work undertaken during the year :—

Vaccinated with two injections

Children under 15 years	3028
Young persons aged 15 to 26 years	3476
Expectant mothers	445
Persons who received a third injection	9614

Of the 6949 persons vaccinated with two injections, 84% received them at local authority clinics and 16% by family doctors. Of the 9614 third doses given, 74% were at local authority clinics and 26% by family doctors. Vaccine issued to hospitals for vaccination of their staffs amounted to 496 c.c.

AMBULANCE SERVICE

In carrying out its duties under the National Health Service Act, 1946 the Ambulance Service continued to operate satisfactorily throughout another busy year.

STAFF.

The staff consisted of the Ambulance Officer and 14 driver-attendants working on a rotary shift system covering the 24 hours. All staff are trained in first aid, and are required to pass the appropriate examination every two years. A fair amount of overtime is worked in order to carry out the heavy demands on the service, but every effort is made to keep this within bounds.

VEHICLES.

The fleet consists of two large ambulances, three medium ambulances and two dual-purpose vehicles, the average age being 7 years. During the next financial year it is intended to replace one of the older ambulances and one of the large ambulances (which has proved to be expensive and cumbersome to operate) by two light vehicles which should increase efficiency and economy in operation.

OPERATION OF THE SERVICE.

In spite of all efforts to eliminate unjustified and unnecessary journeys the statistics show a further increase in patients and in mileage. The increase is almost entirely accounted for by calls from hospitals, and investigations carried out by the hospital staff at the suggestion of the department have not shown any way of stopping the increase.

For long distance journeys patients are sent by rail where appropriate.

Although the National Health Service Amendment Act of 1957 makes it possible to hire out ambulances for payment, no use was made of this facility by private individuals during the year.

The following table summarises the work carried out by the Ambulance Service during the year :—

Patients carried—

	Ambulances	D.P. Vehicles	Total
Accident or emergency	... 807	80	887
Others	... 8330	5730	14060
	9137	5810	14947
Other persons carried	... 55	358	413

Journeys by vehicles—

Patient carrying journeys	... 4235	2933	7168
Abortive and service journeys	... 37	44	81
Journeys for transport of analgesia apparatus, midwives, nurses, etc.	179	343	522
	4451	3320	7771
Mileage—	... 65062	38981	104043

Origin of calls—

Doctors	1828
Hospitals	11554
Midwives	512
Police	226
Mental Health Officers	44
Ministry of Pensions	61
General Public	722
	14947

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

Most of the activities of the Health Department contain some element of health education and it is impossible to refer to all of these in this section. The regular classes at the clinics for expectant mothers are still proving to be a great success. Records of attendances are shown in the section on Care of Mothers and Young Children. At the infant welfare clinics displays of health education material on individual topics are exhibited and changed regularly. Members of the medical and nursing staff also undertake a considerable amount of group health education of parents of young children in clubs and societies. At an exhibition of local government activities held in the town, the Health Department took the opportunity of presenting health education material, and members of the staff were highly complimented on their displays.

The following are subjects to which special attention was given during the year :—

Prevention of Accidents in the Home.

Accidents in the home still account for a large amount of disability. The home nurses reported a considerable number of elderly people who suffered burns from sitting too close to the fire, in addition to the common falls and scalds.

A large amount of propaganda was undertaken. Talks were given to old people's clubs with the aid of models, flannelgraphs, and other visual aids. The need for fireguards was stressed by posters and models in clinics and elsewhere and the Deputy Fire Chief contributed with talks on outbreaks of fires and how to prevent them.

Poliomyelitis Vaccination campaign.

A very intensive campaign was conducted by all the usual methods — press interviews and advertisements, posters, leaflets, and by enlisting the help of factories and business firms. As judged by results, the campaign was very successful.

TUBERCULOSIS.

The Chest Physician on the staff of the Regional Hospital Board continues to act as part-time officer of the local authority in their scheme for the prevention, care and after-care of tuberculosis.

The Tuberculosis Health Visitor maintains close contact with the Chest Clinic at the Northgate Hospital and with the patients and their families in their homes.

The contacts of all new patients were followed up. The high figure quoted at the end of this section of 256 contacts seen in relation to 20 patients is explained by one of the new cases being a member of a group of 56 student teachers who came to this town to practise teaching in our schools. He was found to have active tuberculosis, and the rest of the group attended the Chest Clinic as contacts. One of these contacts was found to have a tuberculous infection. Further information on work carried out in relation to this case will be found in the report on the School Health Service.

During the year 297 expectant mothers were referred to the Chest Clinic for X-ray of the chest. No active tuberculosis was found among these women, but 4 who were seen to have old healed disease were advised to have the baby given B.C.G. vaccination. Other members of these families were examined at the Chest Clinic and all suitable cases were vaccinated with B.C.G.

All new entrants to the Trinity House Service, numbering 32, attended the Chest Clinic for X-ray and all were found satisfactory. Nineteen student teachers were X-rayed before entering training colleges. No disease was found among these young people.

Care and after care services continue to be provided. Grants of free milk were made in needy cases. No need was found for the beds and bedding which are available on loan.

The majority of patients were able to return to their former employment after treatment in hospital, but one man was admitted to a course of motor engineering at the rehabilitation centre in Letchworth.

B.C.G. vaccination was given at the Chest Clinic in accordance with the Ministry of Health's scheme.

The following table shows some of the work done :—

Total number of examinations of contacts	...	956
Number of contacts first examined during the year		256
Number of persons vaccinated with B.C.G. vaccine		
Nurses		16
Children		96
Others		5
Referred for help to National Assistance Board		14
Referred for work to Disablement Resettlement Officer		11
Provided with free milk during the year	...	3
Home visits by Tuberculosis Health Visitor	...	868
Sessions at Chest Clinic attended by Tuberculosis Health Visitor	...	247

Mass Miniature Radiography.

The Mass Radiography Unit administered by the Regional Hospital Board visited the area from the 3rd November to the 22nd December 1958 and I am obliged to the Medical Director for his report, received during 1959, from which the following details are extracted.

A total of 12,016 persons (5,999 males and 6,017 females) were examined. For purposes of comparison the numbers examined on previous occasions are as follows :—

1949	—	7,356
1952	—	7,794
1953	—	8,957
1956	—	10,405

Of the total, 4,238 were X-rayed for the first time and 7,778 had previously been X-rayed by the unit. The number referred for further investigation was 48. The following list shows the number of cases of pulmonary tuberculosis found :—

	Male	Female	Total
Active cases	5	5	10
Cases requiring close clinical supervision	—	1	1
Cases requiring observation at the Chest Clinic	1	—	1
Inactive post primary lesions	4	4	8
Previously diagnosed cases—reviewed in this survey	8	5	13

Among other conditions discovered by the survey were 5 cases of bronchial carcinoma.

VENEREAL DISEASES.

In April of this year the Ministry issued a circular (6/59) asking Councils to make an immediate review of their arrangements for contact tracing in consultation with the hospital authorities and to effect any improvement possible.

In this town the difficulty of this work has not been in lack of liaison between the various authorities concerned. There has always been co-operation with the clinics, the Probation Officers and the Police. The tracing of contacts however is not always easy, and even when traced there may often be difficulty in persuading them to go for examination and, if necessary, treatment. Some follow-up work was carried out on behalf of the United States forces but in many cases the information supplied was insufficient for identification of the contact. In spite of all these difficulties the health visitors have made every effort to trace the persons concerned and to persuade them to attend at the clinic for treatment.

All the usual clinic facilities have been available as reported in previous reports, and the notices giving dates and times of clinics where confidential treatment can be obtained were displayed in public conveniences.

PROBLEM FAMILIES.

The Ministry of Housing and Local Government (circular 17/59) and the Ministry of Health (circular 4/59) issued a joint circular on Homeless Families in March of this year.

In the fourth paragraph it was stated that "it is common ground among all those dealing with homeless families that where there are children, the over-riding consideration must be to make every effort to keep the family together as a unit and to avoid the damaging consequences which so often result from a broken home." Circular 27/54 urged Councils to develop this side of preventive work.

The Housing, Welfare and Children's Departments have combined with this department to implement these recommendations. Where an eviction has been found to be necessary the Welfare Department has supplied temporary accommodation, and on various occasions the Children's Department has taken the children into care for a short period. During this time the Health Visitor has visited frequently to assist the family to make a home in difficult circumstances, and with a good Home Help teaching the mother good housecraft, budgetting and simple cookery, some semblance of order begins to appear.

The main problem is to maintain the improved standard of living. The health visitors report that while there is a reasonable standard of living in most cases, lapses to the old ways tend to recur and then one must start from the beginning again.

In dealing with these families tribute must be paid to the National Assistance Board and the local branch of the Women's Voluntary Services, without whose help such good results could not be achieved.

DOMESTIC HELP SERVICE

The continued growth of this service over the past 5 years is shown in the following table :—

Type of case	1955	1956	1957	1958	1959
Maternity	30	30	24	26	34
Tuberculosis	1	2	1	1	6
Chronic sick, aged, infirm	104	107	141	210	256
Others	35	44	36	35	58
Total	170	183	202	272	354
Visits made	6577	8101	10795	14650	18040
Hours worked	14089	15773	20794	27662	34417

To cope with the growing demand, the number of home helps employed has been increased by 2 to 28, and also additional hours have been worked by the individual home helps. In engaging staff an attempt is made to find women who are prepared to work in the afternoons as well as the mornings, and it is likely that in time they will all be working 30 to 34 hours per week.

Once again the greatest demand came from the old people, but there was an increase from mothers ill at home, problem families, tuberculous, and blind persons. Of the total number of hours provided, old people received approximately 72.3%, maternity patients 9.6% and others 18.1%. The demand as a whole was fairly evenly distributed throughout the year. The more elderly patients required most help during the winter months for lighting fires, cooking the mid-day meal and shopping in bad weather. In the summer months more requests are received from maternity patients as they are unable to call on relatives to help them during the summer holiday season.

All persons are visited as often as possible by members of the department, but with the increased clerical work and other duties it was not possible to carry out all the routine visiting.

This service is one which seems to stimulate many people to send spontaneous letters of appreciation. One of its undoubted benefits is that it enables many old people to remain in their own homes instead of going to hospitals, nursing homes or welfare homes.

NIGHT SITTING SERVICE

The Night Sitting Service was continued throughout the year. Its purpose is to give relatives relief during the long illness of an elderly person or in cases of terminal illness where relatives are exhausted from lack of sleep. The service is used very spasmodically and therefore the night sitters registered with the department reserve the right to take on other duties, but they are usually willing to go out at very short notice. During this year the service was used for 13 patients, the number of visits paid was 49 and the number of hours worked was 388.

Payment has been made through the Domestic Help Service, and the charges were based on an assessment of income.

On the advice of general practitioners an increasing number of people are availing themselves of this service and many of them have expressed appreciation of it.

MENTAL HEALTH SERVICE

This part of the report deals with the exercise of the Council's powers and duties under the Lunacy and Mental Treatment Acts, 1890 - 1930, and the Mental Deficiency Acts, 1913 - 1938, as amended by the National Health Service Acts, 1946 - 1952.

STAFF.

The General Duties Assistant at the Occupation Centre, who was given leave of absence last year to attend a course of training in Occupation Centre work, was awarded the Diploma of the National Association for Mental Health and returned to duty as an Assistant Supervisor of the Centre in December. The establishment of the Centre was increased by one male Assistant Supervisor for the purpose of training the youths who now attend the centre.

LUNACY AND MENTAL TREATMENT ACTS, 1890 - 1930.

Admissions to mental hospitals during the year numbered 134, of which 10 (7.4%) were certified, 114 (85%) were voluntary, 3 (2.2%) were informal and 7 (5.2%) were three-day orders under section 20. Of the cases admitted under three-day orders, 2 were certified and the remainder signed voluntary forms. Discharges from mental hospitals numbered 13 certified and 101 voluntary patients. Twenty-seven certified patients and 13 voluntary patients were discharged and readmitted as informal patients. Five certified and 15 voluntary patients died in hospital. The Duly Authorised Officers also investigated a further 27 cases of alleged mental illness (10 male and 17 female) in which no further action was taken. In two cases of alleged mental illness a Justice of the Peace refused to certify. Other work undertaken by the officers was the escorting of patients back to hospital after leave or where they had absconded.

THE MENTAL DEFICIENCY ACTS, 1913 - 1938.

At the end of the year there were 172 mental defectives on the local authority's register, an increase of 2 from last year. The following table gives particulars concerning them :—

	Aged under 16		Aged 16 and over		Total
	Male	Female	Male	Female	
Under statutory supervision	13	13	21	24	71
Under voluntary supervision	—	—	13	6	19
Under guardianship	—	—	1	—	1
In hospital	6	4	44	27	81
	19	17	79	57	172

Of the 90 cases under supervision, 19 were in employment, 31 attended the Occupation Centre, 39 remained at home and 1 was admitted on trial to a training home.

There were 5 new cases reported during the year (3 males and 2 females) of whom 4 were found to be "incapable of receiving education at school" and 1 to require "supervision after leaving school".

There were 4 discharges from the register. Two who were on licence from hospital were discharged by authority of the Board of Control but 1 returned shortly afterwards as an informal patient. One moved from the area and 1 died in hospital.

There was 1 temporary admission to hospital during the year.

At the end of the year there were 10 patients awaiting permanent places in hospital of whom 3 were considered to be urgent.

Of the patients already in hospital, 14 were discharged from order and re-admitted as informal patients, leaving 16 still under order.

OCCUPATION CENTRE.

At the end of the year there were 49 pupils on the register of the Occupation Centre. Details of the authorities responsible for them are as follows :—

Great Yarmouth	18	female	14	male
Norfolk County Council	4	female	12	male
East Suffolk County Council	—		1	male

The average attendance was 81%. The arrangements for the transport of pupils and for meals and milk were unchanged. The School Health Service continued to provide the same facilities for the Centre as for the schools. As in previous years, a Christmas party and a summer outing were arranged by the staff.

The new male assistant supervisor took up duties in April and commenced the training in handicrafts of the older boys and youths attending the Centre. It is hoped that these small beginnings may eventually lead to the establishment of a workshop attached to the Centre.

CARE AND AFTER-CARE.

Care and after-care of the mentally ill was undertaken by the Duly Authorised Officers and the Mental Health Worker. They worked in close association with the other services of the Health Department, principally the health visitors and domestic help service, and also with the Welfare Department.

The mental hospitals continued to provide information about discharged patients and these were visited and helped according to their needs.

At the end of this year the nucleus of a psychiatric social club was started by the social worker from St. Andrew's Hospital. Accommodation for the club was made available at Gorleston Clinic. Female patients who had been in hospital and who were in need of further help and friendly advice were encouraged to join the club. The progress of this new development will be watched with interest.

On the mental deficiency side, the Mental Health Worker was responsible for care and after-care and paid 305 visits to defectives or their relatives. There was a similar close liaison with other services and with mental deficiency hospitals.

MISCELLANEOUS SERVICES

NATIONAL ASSISTANCE ACT, 1948

Section 47

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

Before proceedings can be taken, the Act requires the Medical Officer of Health to certify in writing that he is satisfied, after thorough enquiry and consideration, that in the interests of the person concerned, or for preventing serious nuisance or injury to the health of others, it is necessary for the person to be removed.

Four cases, all women, were investigated during the year. Three of these were persuaded to enter hospital voluntarily. The fourth, a woman of 69 years who was brought to notice by a health visitor, was clearly no longer capable of looking after herself and there was a considerable danger of fire in the house from paraffin stored there. She appeared to be in need of medical treatment but declined, in spite of all persuasion, to call in her doctor. A magistrate's order was obtained, and on admission to hospital she was found to be suffering from a grave chronic illness from which she died five days later.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This act makes it an offence for an occupier of premises to carry on a day nursery if the premises are not registered, or for an unregistered child minder to receive into his home 3 or more children, of whom he is not a relative, from more than one household. Local Authorities have the duty of registering and supervising day nurseries and child minders. One person in the town was registered as a child minder for 10 children. The health visiting staff carried out the supervision and their visits included enquiries into means to prevent the spread of infection, the protection of windows and fires and arrangements for constant supervision of the children.

There were no registrations of day nurseries in the borough.

REGISTRATION OF NURSING HOMES

Section 187 (2), Public Health Act, 1936

There was one registered nursing home in the Borough and this provided accommodation for 50 medical patients, mainly the elderly and chronic sick. The medical staff were responsible for inspections.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

At the request of the Ministry of Health, information on this subject is again included in the report and thanks are due to the Chief Welfare Officer for details of the statistics for the year.

BLIND PERSONS.

There were 23 new cases registered during 1959 (5 more than in the previous year) and the total number on the register at the end of December was 195, an increase of 8 as compared with 1958.

The ages of the new cases at the date of registration and at the onset of their blindness were as follows :—

Age Group	At date of registration			At onset of blindness		
	Male	Female	Total	Male	Female	Total
Under 16 years	—	—	—	—	—	—
16 - 20 years	—	—	—	—	—	—
21 - 30 years	—	—	—	—	—	—
31 - 39 years	—	—	—	—	—	—
40 - 49 years	—	1	1	—	1	1
50 - 59 years	2	—	2	3	—	3
60 - 64 years	1	—	1	—	1	1
65 - 69 years	1	1	2	1	—	1
70 and over	6	11	17	6	11	17
Total	10	13	23	10	13	23

The following table gives particulars of the age and sex distribution of all registered blind persons in the area :—

Registration of the Blind.								
	0-4	5-15	Age Groups	16-20	21-49	50-64	65+	Total
Male	—	—		1	13	20	51	85
Female	—	2		—	7	19	82	110
Total	—	2		1	20	39	133	195

The 2 children under the age of 16 years were attending residential special schools.

Physical or mental defect was present in 34 cases in addition to blindness and 3 others were mentally disordered.

Over 68 per cent of all registered blind persons were over the age of 65 years and 56 per cent were over 70 years.

The following table gives particulars of the age at the onset of blindness of all persons on the authority's registers :—

Age at Onset of Blindness.									
	Age Groups						Un-known	Total	
	0	1-4	5-15	16-20	21-49	50-64	65+		
Male	6	1	7	2	18	21	28	2	85
Female	11	1	3	2	19	26	46	2	110
Total	17	2	10	4	37	47	74	4	195

Of the total number of registered blind persons over the age of 16 years, 8 were employed in workshops for the blind, 9 were otherwise employed and 1 was undergoing training.

The remaining 175 persons were not in employment at the end of the year, but of these only 3 were capable of and available for work. Registrations under the Disabled Persons (Employment) Act, 1944, numbered 18, of which 15 related to males.

Two registered blind persons over the age of 16 years were in a residential home, 16 were in residential accommodation provided under Part III of the National Assistance Act 1948, 5 were in mental hospitals and 3 in other hospitals.

PARTIALLY SIGHTED PERSONS.

The number of persons registered as partially sighted at the end of the year was 56; this was 6 less than at the end of 1958. Details of their age and sex groups are given in the following table :—

Registration of the Partially Sighted.							
	Age Groups						
	0-4	5-15	16-20	21-49	50-64	65+	Total
Female	—	—	—	3	8	24	35
Male	—	1	1	7	2	10	21
Total	—	1	1	10	10	34	56

Excluding re-certifications and transfers from other areas, there were 8 new registrations. Five persons were removed from the register on being ascertained as blind persons. There was 1 de-certification due to improved visual acuity.

Among the 52 partially sighted persons over the age of 21 years, there were 43 who were considered to be near and prospectively blind. Of these, 41 were either not available for or incapable of work, and 2 were working.

There were 11 persons over the age of 21 years who were considered to be mainly industrially handicapped (8 of these were in employment) and 1 other was regarded as needing observation only.

There were 7 registrations under the Disabled Persons (Employment) Act, 1944. The child under the age of 16 was attending a residential special school.

CAUSES OF DISABILITY.

Included in the above tables dealing with both the blind and the partially sighted were the following cases which were registered in 1959 :—

	Cause of Disability			
	Cataract	Retrolental	Glaucoma	Fibroplasia
(i) Number of cases registered during the year in respect of which Section F.1 of Forms B.D.8 recommends :—				
(a) No treatment	5	—	—	7
(b) Treatment (medical, surgical or optical)	11	4	—	4
(ii) Number of cases at (i)(b) above which on follow up action have received treatment	4	4	—	4

The table shows that of the 19 persons recommended for treatment, 12 received it. Details of those who did not receive treatment are as follows :—

Refused operation	6
Still on waiting list	1

There were no cases of retrolental fibroplasia or of ophthalmia neonatorum during the year.

The home teachers follow up all registered blind and partially sighted persons in order to ensure that treatment, where recommended, is obtained and that hospital appointments are kept.

SPASTICS AND EPILEPTICS

The following are the numbers of known spastics and epileptics :—

	Number	Number
	Spastics	Epileptics
Under the age of 16 :		
Under school age	—	—
Attending ordinary school	3	17
Attending residential special school	1	1
Mentally disordered persons under care, including those in hospital	1	1
Receiving home tuition	1	—
Attending Junior Training Centre	—	3
	—	—
	6	22
	—	—
Adults :		
Mentally disordered persons under care, including those in hospital	5	5
Registered as disabled persons	2	2
Not registered as disabled persons	4	10
Mentally disordered persons also attending Training Centre	2	—
	—	—
	13	17
	—	—

The procedure for dealing with these groups of handicapped people remains as in previous years.

In common with the situation in the rest of the country, the difficulty lies not in their suitable placement in schools but in finding them employment after leaving school. In this they are assisted by the Youth Employment section of the Education Department, the Welfare Department and by the Disablement Resettlement Officer at the local office of the Ministry of Labour.

MEDICAL EXAMINATIONS OF STAFF

The medical staff of the department examined 108 new entrants to the Corporation's service. Of these, 74 were in connection with the Corporation's superannuation scheme and the remainder were of teachers entering local employment.

In addition, there were 32 examinations of student teachers about to enter training colleges and 7 examinations were carried out on behalf of other authorities.

The 74 superannuation examinations were of new entrants to the following departments :—

Children's	2
Education	12
Engineer's	22
Fire	12
Health	12
Housing	1
Libraries	4
Police	1
Town Clerk's	1
Transport	1
Treasurer's	5
Weights and Measures	1
	—
	74

Seventy-seven employees, from the following departments, were examined for admission to the sickness pay scheme :—

Education	24
Engineer's	11
Health	11
Housing	11
Parks	4
Transport	16
	—
	77

At the request of the Establishment Committee, medical examinations were carried out on 7 employees who were absent from duty on account of illness for prolonged periods, and 5 others were investigated but not examined.

THE PUBLIC HEALTH INSPECTOR'S REPORT

F. R. PARMENTER, M.R.S.H., *Chief Public Health Inspector*

The increasing popularity of the town as a seaside resort presents special problems, particularly during the peak weeks when it is estimated that the population increases almost three-fold. It is felt that the standards of hygiene in some aspects are not keeping pace with the constantly increasing number of visitors. The public conveniences in the town are quite inadequate in number and some are antiquated and insanitary. Facilities at coach terminals and car parks are also inadequate. Whilst improvements have been made at the South Denes caravan site, the density remains far too high and the site provided for tents became grossly overcrowded during the peak weeks. There is a growing practice of using vehicles adapted for living and sleeping accommodation as holiday homes. Several of these were allowed to use car parks for varying periods by simply paying the parking fee. Car parks have not the facilities to provide for these vehicles. Lack of adequate sanitary conveniences resulted in fouling of the area and a nuisance was caused by the deposit of food scraps and other refuse. Unauthorised camping took place on some road verges; this practice if not checked is likely to grow. These and other matters were included in a special report to the Council, and it is hoped that a remedy will be found for these rather pressing problems.

Although the department was again under strength, I am pleased to report that the essential services of the department were maintained.

Progress on the Council's Five Year Slum Clearance Programme has been very good and the figures on page 52 show the position at the end of the fourth year. The policy of dealing with unfit houses individually rather than by making a series of small clearance areas has speeded up the rehousing of families living in unsatisfactory conditions. Difficulties encountered in the preliminary stages have held up the completion of the procedure relating to the Priory Street/Bulls Lane Clearance Area. The houses included in the area are rapidly deteriorating and, in some cases, the living conditions are deplorable. It is to be hoped that confirmation of the Compulsory Purchase Order will not be too long delayed.

I would like to take this opportunity of thanking the staff for the willing co-operation shown throughout the year.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water supply was provided by the Great Yarmouth Waterworks Company. The source of the water was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad which was brought into use when the salinity of the river water became too high.

Pre-chlorination is used to control mussel growths in the pipes leading the water to the purification works at Ormesby. The purification process comprises 3½ days storage, primary rapid filtration and secondary slow sand filtration, followed by chloramination.

The supply was sufficient in quantity throughout the year and no restrictions on its use were imposed. The average consumption was 63 gallons per head per day (domestic 35, industrial 28) but this figure is based on the resident population and does not take account of the large number of summer visitors.

Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals; the results were consistently satisfactory.

There was no evidence that the waters were liable to have plumbosolvent action.

All the dwelling-houses in the Borough are supplied by the Company's mains.

PUBLIC CLEANSING.

The collection of refuse is carried out under the direction of the Borough Engineer; the disposal is by means of controlled tipping. House refuse is collected weekly, but more frequent collections are available on request and on payment of a small fee. The Health Department co-operates in the replacement of defective dustbins and in the investigation of any nuisance or complaint.

GENERAL SANITATION.

TABLE A.

Nature of Visit or Inspection	No. of Visits
Water Supply	39
Drainage	851
Stables and Piggeries	16
Offensive Trades	53
Caravans, Tents, Vans, etc.	124
Factories	87
Outworkers	4
Public Conveniences	39
Theatres and Places of Entertainment	10
Refuse Collection and Disposal	129
Rats and Mice	79
Smoke Observations	31
Schools	32
Shops	34
Swimming Pools	33
Miscellaneous Sanitary Visits	322
Inquiries in cases of Infectious Diseases	67
Visits re Disinfection	5

FACTORIES ACTS, 1937 TO 1959.

The following tables show the work carried out under the above Acts. During the year 87 inspections were made and special attention was paid to cleanliness and sanitary accommodation. In the main, the factories were found to reach a high standard. The defects noted were only of a minor character and were remedied without recourse to legal action.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	39	16	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	237	62	18	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	10	9	2	—
Total	286	87	23	—

TABLE C.

Particulars	No. of Defects Found	Remedied	Referred by H.M. Inspector	Referred to H.M. Inspector	Prosecutions
Want of cleanliness ...	2	3	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	4	4	—	—	—
Sanitary Conveniences—					
(a) Insufficient ...	2	1	—	—	—
(b) Unsuitable or defective	12	11	—	—	—
(c) Not separate for sexes	2	1	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	3	2	—	—	—
Total	25	22	—	—	—

OFFENSIVE TRADES.

No. on the register	...	...	8
Tallow melter	...	...	1
Tripe dressers	...	...	2
Marine stores	...	...	5

53 visits were made to the above premises and on the whole they were found to be conducted satisfactorily.

SWIMMING POOLS.

The following are details concerning the swimming pools in the town as requested by the Ministry of Health :—

Yarmouth Pool.

Water for this pool is pumped from the sea to a settling tank near the pool and then drawn as required from the tank. The water is treated by continuous filtration and break-point chlorination. The pool is filled at the beginning of the season and losses by evaporation are made good by adding to the water as required.

Gorleston Pool.

Water for this pool is pumped from the sea to a reservoir situated at high level and then piped to the pool by gravity flow. The water is passed through a continuous filtration plant and is chlorinated. The pool is filled at the beginning of the summer season and water is added when required.

Herman Junior School Pool.

This is a new pool opened during the year. Its construction was the result of voluntary efforts of parents and children attending the school. The pool is filled at the start of the season with water from the town's supply and further water is drawn from the mains as required to maintain the level. The water is treated by filtration and chlorination.

The staff paid 33 visits to the pools. A total of 31 check tests of the amount of free chlorine were carried out and all were found to be satisfactory. Ten check tests on alkalinity of the water were found to be satisfactory. On two occasions algal growth was found to be rather high on visual inspection and was remedied by the use of copper sulphate. Three bacteriological samples were taken during the year, and the Public Health Laboratory reported that no coliform organisms were present in 100 ml.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the Borough.

Six premises are registered under Section 2 of the Act.

SANITARY CONDITION OF CINEMAS AND THEATRES.

During the year ten visits were made to places of public entertainment in the Borough. The sanitary accommodation and washing facilities were found to be adequate and well maintained in all cases.

CLEAN AIR ACT, 1956.

Nine complaints were received from members of the public in connection with the emission of smoke from boiler plants. Thirty-one observations were carried out by members of the staff. In the majority of cases the smoke emissions did not exceed the permitted periods laid down in the Act. In two cases the cause was due to a breakdown in the plant and no further action could be taken. Alterations carried out to two boiler plants resulted in an improvement in the emission of smoke from the chimneys concerned.

Three notifications were received under Section 3 (1) of the Act to install new furnaces.

HOUSING.

Good progress has been maintained in implementing the Council's Slum Clearance Programme which included 500 houses to be dealt with in the first five years.

The table below shows the position at the end of the fourth year :—

No. of individual houses subject to Demolition Orders or Closing Orders	...	...	...	393
Local Authority owned houses certified unfit by Medical Officer of Health	...	...	...	2
No. of houses in respect of which undertakings were accepted	...	...	...	37
No. of houses in Priory Street/Bulls Lane Clearance Area represented but not yet confirmed	...	...	...	46*
				478

*This figure does not include 8 houses which are already the subject of Closing Orders.

In the year 1959, 54 houses were represented as unfit under the Housing Act, 1957 and in the same period 17 were made the subject of demolition orders, 40 were closed, 3 undertakings were accepted and 2 closing orders were made in respect of parts of buildings. As a result of this action, 36 houses were demolished and 73 families, comprising 174 persons were rehoused.

1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts).	...	...	...	...	678
(b) Number of inspections made for the purpose	...	...	...	...	1,368

(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32	...	...	...	Nil
(iii) Overcrowding :—				
Number of houses inspected	...	...	...	21
Number of revisits	...	...	...	25
(iv) Verminous houses :—				
Number of houses inspected	...	...	...	32
Number of revisits	...	...	...	48

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health on Housing Acts	218
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3. *Action under Statutory Powers.*

(A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied	73
(ii) Number of houses in which defects were remedied after service of formal notices :—	...	...	...
(a) By owners	...	...	...	35
(b) By Local Authority in default of owners	...	...	...	8

(B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9	...	...	...	1
(ii) Number of houses rendered fit under Section 16	...	...	...	3
(iii) Number of houses rendered fit under Section 24	...	...	...	3
(iv) Number of houses in respect of which demolition orders were made	...	...	...	17
(v) Number of houses in respect of which closing orders were made	...	...	...	40
(vi) Number of separate tenements or underground rooms in respect of which closing orders were made	...	...	...	2
(vii) Number of houses in respect of which undertakings were accepted	...	...	...	3
(viii) Number of Local Authority houses certified unfit by Medical Officer of Health	...	...	...	1
(ix) Number of houses demolished in pursuance of demolition orders	...	...	...	36

RENT ACT, 1957.

Although there has been a decrease in the number of certificates of disrepair issued, the staff devoted a considerable amount of time explaining to tenant and owner alike the rather complicated procedure of the Act.

Details of the documents issued during the year are shown below :—

Applications for Certificates of Disrepair.

Number of applications for certificates	...	...	11
Number of decisions not to issue certificates	...	...	Nil
Number of decisions to issue certificates :			
(a) in respect of some but not all defects	...	...	7
(b) in respect of all defects	...	...	6
Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	9
Number of undertakings refused under proviso to paragraph 5 of the First Schedule	...	...	Nil
Number of certificates issued	...	...	3

Applications for Cancellation of Certificates.

Applications by landlords for cancellation of certificates	...	2
Objections by tenants to cancellation of certificates	...	Nil
Decisions to cancel in spite of tenants' objection	...	Nil
Certificates cancelled by Local Authority	...	2

INSPECTION AND SUPERVISION OF FOOD

A. MILK.

The following is a summary of registrations and licences issued under Regulations concerning milk :—

Milk and Dairies Regulations, 1949 - 1954.

Number of dairies on register at end of year	...	16
Number of distributors on register at end of year	...	49

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 - 1953.

Pasteurised Milk—Dealers' (Pasteurisers) Licences	...	5
Dealers' Licences	...	60
Dealers' (Supplementary) Licences	...	1

Milk (Special Designation) (Raw Milk) Regulations, 1949 - 1954.

Tuberculin Tested Milk—Dealers' Licences	...	15
Dealers' Supplementary Licences	...	1

Ninety-two samples of Designated Milks were taken during the year; the details are as follows :—

Number taken	Methylene Blue Test		Phosphatase Test		Result Invalidated	Turbidity Test Passed Failed
	Passed	Failed	Passed	Failed		
Pasteurised	58	54	—	53	1	4
T.T.						
Pasteurised	31	28	1	29	—	2
Sterilised	3	—	—	—	—	3

Regular visits were made to the five pasteurising plants during the year. The examination results, shown above, indicate that the plants were operated satisfactorily.

The results of bacteriological examination of washed milk bottles continued to be generally satisfactory.

Seven new applications for milk dealers' licences were received during the year, and inspections were carried out to ensure that the premises reached the required standard before licences were issued.

The Condensed Milk Regulations, 1959.

Three samples of condensed milk were examined during the year, and were reported to be satisfactory by the Public Analyst.

B. MEAT INSPECTION.

The two slaughter-houses, owned by the Master Butchers' Supply Company (Great Yarmouth) Limited, continued to operate during the year. The number of animals killed during the year amounted to 13,177 compared with 12,992 in 1958.

It is pleasing to report that, despite a shortage of staff, 100% inspection was again carried out of the animals killed at the slaughter-houses.

The general quality of meat continued to be of a high standard. It is interesting to note that there is a marked decrease in the incidence of bovine tuberculosis. In fact, it is becoming a rare disease in animals.

Carcases and Offal inspected and condemned in whole or in part :—

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2189	44	2	1122	9820	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticerci :—</i>						
Whole carcases condemned	2	1	—	—	4	—
Carcases of which some part or organ was condemned	743	9	—	16	839	—
Percentage of the number inspected affected with disease other than tuberculosis	34	22.7	—	1.4	8.6	—
<i>Tuberculosis only :—</i>						
Whole carcases condemned	—	—	—	—	2	—
Carcase of which some part or organ was condemned	31	1	—	—	439	—
Percentage of the number inspected affected with tuberculosis	1.4	2.3	—	—	4.5	—
<i>Cysticercosis :—</i>						
Carcases of which some part or organ was condemned	14	—	—	—	—	—
Carcases submitted to treatment by refrigeration	2	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcasses, Parts of Carcasses and Organs.

			Tuberculosis	Other Causes
Cattle carcasses (excluding cows)			—	2
Cow carcasses	...	...	—	1
Pig carcasses	...	...	2	4
Calf carcasses	...	...	—	—
Sheep carcasses	...	...	—	—
Bovine heads	...	...	20	31
,, tongues	...	...	20	31
,, livers	...	...	—	610
,, lungs	...	...	10	156
,, udders	...	...	—	5
,, spleens	...	...	—	5
,, kidneys	...	...	—	8
,, skirts	...	...	—	2
,, hearts	...	...	1	6
,, mesenteric fats	...	...	6	3
,, tripes	...	...	—	6
,, tails	...	...	—	—
Pigs' heads	...	...	190	2
,, plucks	...	...	—	188
,, livers	...	...	1	615
,, mesenteric fats	...	...	326	—
,, spleens	...	...	—	—
Calves' heads	...	...	—	—
,, plucks	...	...	—	—
Sheep plucks	...	...	—	—
,, livers	...	...	—	16
,, heads	...	...	—	—
Beef	...	...	73 lbs.	881 lbs.
Pork	...	...	—	834 lbs.

METHOD OF DISPOSAL OF CONDEMNED MEAT.

The local slaughtering Company continued to dispose of condemned meat and offal to a local firm for rendering down to tallow and fertiliser. This arrangement for the disposal of condemned meat has been in operation since 1954 and has been found to work satisfactorily.

Other foods found unfit were deposited at a store owned by the Council and then removed by the Public Cleansing Department vehicles to the controlled refuse tip.

C. ICE CREAM.

The number of ice cream premises registered under Section 16 of the Food and Drugs Act, 1955, is as follows:—

Manufacturers	...	...	...	7
Retailers	...	...	...	312

Sixty-seven visits were made to ice cream manufacturing premises and retail shops during the year. All the premises visited were found to be of a high standard.

BACTERIOLOGICAL EXAMINATIONS.

Forty-eight samples of ice-cream were submitted to the Public Health Laboratory for examination. The methylene blue test results were classified as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
42	5	1	—
87%	11%	2%	—

Grades 1 and 2 are considered by the Public Health Laboratory Service to be satisfactory. The results show that a high standard has been maintained by the manufacturers.

CHEMICAL ANALYSIS.

Eight samples of ice cream were submitted to the Public Analyst for chemical analysis; all were reported to be genuine. The fat content varied between 5.6% and 12.5%, the average being 9.4%. These results indicate that both local and national manufacturers are including a higher percentage of fat than the legal minimum standard of 5%.

D. FOOD AND DRUGS ACT, 1955.

The following table shows the number of samples obtained and submitted to Dr. Wood the Public Analyst for examination, with results of analysis :—

	Submitted to Analyst	Satisfactory	Not Satisfactory
Aspirin Tablets	1	1	—
Balmoral Roll	1	1	—
Beans (sliced)	1	1	—
Biscuits	2	2	—
Butter	14	14	—
Cake Mixture	2	1	1
Canned Cream	2	2	—
Canned Fish	3	3	—
Canned Fruit	2	2	—
Canned Meat	5	1	4
Canned Vegetables	2	2	—

Cheese	3	2	1
Cheese Spread	4	4	—
Chocolate Sandwich	1	1	—
Coffee	1	1	—
Cooking Fat	1	1	—
Cream Cheese	1	—	1
Custard Powder	2	2	—
Dates	1	1	—
Desiccated Coconut	2	2	—
Dried Fruit	1	1	—
Dried Peas	1	1	—
Dripping	1	1	—
Evaporated Milk	3	3	—
Fish Fillets	1	1	—
Fish Fingers	1	1	—
Fish Paste	4	3	1
Flour	11	9	2
Honey	1	1	—
Horseradish Relish	1	1	—
Jam	2	2	—
Jelly Cream	1	1	—
Lard	4	4	—
Lemon Pie Filling	1	1	—
Malt Vinegar	2	2	—
Margarine	2	2	—
Meat Paste	3	3	—
Milk Loaf	1	—	1
Milk Powder	1	1	—
Milk Pudding Mixture	1	1	—
Minced Chicken	1	—	1
Mincemeat	1	1	—
Orange Drink	1	1	—
Orange Squash	4	4	—
Pepper	1	1	—
Pickle	1	1	—
Sage and Onion Stuffing	1	1	—
Sago	1	1	—
Sardines	1	—	1
Sausages (Beef)	5	5	—
Sausages (Pork)	25	20	5
Split Peas	1	1	—
Sugar	1	1	—
Sweets	5	4	1
Tea	2	2	—
Tomato Cocktail	1	1	—
Tomato Soup	1	1	—
Wines	4	3	1

E. OTHER FOODS.

During the year the following foodstuffs were found to be unfit for human consumption :—

<i>Canned Foods</i>		<i>Flour</i>	110 lbs.
Fish	374 tins	Kippers	1 stone
Fruit	1439 tins	Kipper fillets	43 cartons
Ham	188 tins	Lard	24 lbs.
Jam	20 tins	Peaches	100 trays
Meat	796 tins	Plums	23 boxes
Milk	312 tins	Pork pies	45
Soup	13 tins	Potatoes	120 lbs.
Vegetables	902 tins	Prawns	4 boxes
		Prunes	86 lbs.
<i>Other Foods</i>		Sago	25 lbs.
Bacon	1852 $\frac{3}{4}$ lbs.	Spice	2 $\frac{1}{4}$ lbs.
Chickens	125	Sponge mixture	144 pkts.
Cod fillets	26 stones	Sweets	12 pkts. and 3 cartons
Fish	4 stones		
Figs	2 pkts.	Tomato soup	32 pkts.

F. FOOD HYGIENE.

The need for constant supervision and control of food premises cannot be over-emphasised, particularly in a popular seaside resort such as Great Yarmouth. Particular attention was paid to catering establishments to ensure compliance with the Food Hygiene Regulations. Every opportunity was taken to impress on food handlers the vital importance of personal cleanliness. The response to advice and guidance was very good indeed and it is pleasing to report that it was again found unnecessary to take any legal action to secure compliance with the regulations.

The plans of all new food premises and alterations to existing premises were examined before submission to the Town Planning Committee and, where necessary, amendments or additions were requested; the premises were visited to ensure that the structure and equipment reached the standard required.

The number of cases of food poisoning reported during the year was again very low.

The number and type of food premises in the area are as follows :—

Bacon Curer	...	...	...	1
Bakers and Confectioners	...	...	...	54
Brewers	...	...	...	1
Butchers	...	...	...	54

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING BELOW STANDARD.

Article	Nature of Adulteration or Irregularity	Action taken
Milk (Formal)	At least 1.5% added water.	Followed up by two further samples both of which proved to be satisfactory.
Cambridge Cheese (Informal)	This cheese was made from separated milk but this fact was not declared on the label.	Vendor informed of the necessity to declare that the cheese is made from separated milk.
Cream Cheese (Informal).	Deficient in milk fat.	The deficiency was brought to the attention of the manufacturer concerned.
Pork Sausages (Informal)	Seriously deficient in meat content.	Followed up by a formal sample (see * below).
Cake and Bun Mixture (Informal)	Wording of part of label not prominent enough.	This matter was drawn to the attention of the manufacturers concerned.
Fish Paste (Informal)	Prohibited colouring matter present.	This matter was drawn to the attention of the manufacturers concerned.
*Pork Sausages (Formal)	Slightly deficient in meat content.	The deficiency was drawn to the attention of the manufacturer concerned.
Pork Sausages (Informal)	Deficient in meat content.	{ The deficiencies were drawn to the attention of the manufacturers concerned and follow-up samples proved to be satisfactory.
Pork Sausages (Informal)	Deficient in meat content.	
Imported Canned Luncheon Meat(Informal)	Deficient in meat content.	
Minced Chicken (Informal)	Deficient in meat content.	The deficiency was drawn to the attention of the manufacturer concerned but, in the absence of a trade agreement with the importers, the outcome was not very satisfactory.
Cake Flour (Informal)	Deficient in added salt.	The deficiency was drawn to the attention of the manufacturers concerned who agreed to amend the label in order to conform to the Food Manufacturers' Federation agreement.
Milk (Formal)	7.3% deficient in milk-fat.	Follow-up sample proved to be satisfactory.
Pork Sausages (Informal)	Deficient in meat content.	Subsequent sample was satisfactory.
Imported Canned Luncheon Meat(Informal)	Small deficiency in meat content.	The deficiency was drawn to the attention of the manufacturer concerned and a follow-up sample proved to be satisfactory.
Imported Canned Braised Pork Kidneys (Informal).	Incorrectly described and deficient in meat content.	This matter was drawn to the attention of the importer concerned.
Flour (Informal)	Excess added chalk.	This matter was drawn to the attention of the importer concerned who subsequently agreed to amend the label.
Rock (Informal)	Out of condition; inaccurate wording.	Follow-up sample was satisfactory.
Milk (Informal).	Deficient in fat.	{ The Public Health Inspector of the Local Authority in whose area the rock was manufactured was contacted, and asked to investigate and take any action considered necessary.
Milk (Informal).	Deficient in fat.	
Milk (Informal).	Deficient in fat.	
Imported Chopped Pork with Beef and Ham (Informal)	Deficient in meat content.	Follow-up samples were satisfactory.
Milk Loaf (Informal)	Deficient in milk.	This matter was drawn to the attention of the importer concerned.
Canned Sardines (Informal)	Undeclared added salt.	This matter was taken up with the firm concerned who agreed to discontinue using the description "milk" loaf.
Sherry (Informal)	Slightly deficient in proof spirit.	This matter was taken up with the firm concerned who agreed to amend the label accordingly.
		The deficiency was drawn to the attention of the firm concerned.

Chemists	...	...	...	18
Dairies and premises selling milk	...	...	...	65
Fishcurers	...	...	...	18
Fishmongers	...	...	...	44
Fried Fishmongers	...	...	...	45
Flour Mills	...	...	...	2
Granaries	...	...	...	3
Grocery and Provisions	...	...	...	183
Greengrocers	...	...	...	59
Ice Cream Manufacturers and Dealers			319	
Malthouses	...	...	...	4
Mineral Water Manufacturers			...	3
Potato Crisp Manufacturers			...	2
Potato Dealers	...	...	...	5
Public Houses	...	...	...	166
Restaurants and Cafes	...	...	...	133
Shellfish and Shrimps	...	...	...	9
Slaughterhouses	...	...	...	2
Sweets	...	...	...	74
Tripe Dressers	...	...	...	2
Wines and Spirits	...	...	...	19
Yeast Dealers	...	...	...	1

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	...	319
Preparation or manufacture of sausages and preserved foods	...	111

A total of 2084 visits were made to food premises during the year.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year the following samples were submitted for analysis :

	Informal	Formal
Fertilisers	...	4
Feeding stuffs	...	4

One sample failed to comply with the provisions of the Act. The details are as follows :—

Dairy Nuts No. 2.

By comparison with the stated particulars of analysis the protein content was in excess to the extent of 2.4%, equivalent to 11.4% of the amount declared. This was outside the limit of variation prescribed by

the Regulations by 2.1%, equivalent to 10% of the amount declared. The article was suitable for feeding purposes for cattle. This discrepancy was drawn to the attention of the manufacturers concerned.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Chief Constable's Annual Report :—

FOWL PEST.

Twenty-five cases of suspected Fowl Pest were reported during the year; one was confirmed. Resulting from movement restrictions imposed by the Fowl Pest (East Anglia Infected Area) Order 1959, licences were issued for the movement of 336,782 head of poultry.

SWINE FEVER.

Twenty-five cases of suspected Swine Fever were reported to the Ministry of Agriculture, Fisheries and Food. Four cases were confirmed and the necessary restrictions were enforced.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

Eighty-two premises are now licensed under the above Order. Regular visits of inspection of such premises were carried out.

RODENT CONTROL

Rodent control work was carried out by the Rodent Officer and four Rodent Operatives.

There was a decrease in the number of surface rat infestations in the built-up areas, and mice infestations remained at a low level.

There were no reports or signs of ship rat infestation for the third successive year.

DWELLINGS.

Much work was done to control house infestations, particularly in derelict properties where preventive measures, such as rat proofing, were not practicable.

There were 39 houses where rat infestation was due to faulty drains, broken ventilating grids and other causes.

The Rodent Officer made 486 visits to dwellings and as a result the following work was carried out :—

Sheds raised or rat proofed	10
Fowl houses removed or rebuilt	5
Holes in concrete floors made good	11
Fixing grids to sub-floor ventilation ducts	9
Repairing or making good minor defects to drains	5
Grids and wire cages fixed to rainwater pipes	1
Holes in external walls made good	7
Garden and domestic refuse heaps removed	15
Dustbins and other receptacles provided	7
Disused lavatory pans sealed	25
Wire netting collars fixed to rainwater pipes and bird tables	1

INSECT INFESTATIONS.

The warm dry summer brought numerous complaints of insect infestations. Advice to householders and practical help, particularly in the case of the aged and infirm, was given in the destruction of wasps' nests and the eradication of ants, earwigs and cockroaches and other pests.

AGRICULTURAL PROPERTY.

Three surveys (includings 25 inspections) were carried out on farm lands and buildings by the Rodent Officer. The spread of rats from agricultural lands outside the administrative area to farm buildings housing livestock within the borough boundary made it necessary for regular visits and treatment by the rodent operatives.

Precautionary measures taken under the Dismantling of Ricks Act during threshing operations prevented rats escaping to adjoining properties.

LOCAL AUTHORITY PROPERTIES.

Periodical visits were made to schools, playing fields, entertainment centres, camping sites, refuse tips and other Council owned properties, and treatment was given for rats and mice where necessary. The destruction of moles on school playing fields, tennis courts and cemeteries was also carried out. 56 rabbits were known to be destroyed on the Caister Road tip during the year.

SEWERS.

Two treatments of sewers were carried out during the year, one in April and the other in October.

The following table shows the number of manholes treated and the number of baits taken :—

Total number of manholes	1,548
No. of manholes treated in April	820
No. of manholes showing bait takes	278
No. of manholes treated in October	782
No. of manholes showing bait takes	426

The types of poison used were warfarin and zinc phosphide. The system of baiting with warfarin was on the 1st, 5th and 9th days, and with zinc phosphide on the 1st, 3rd and 5th days.

BUSINESS PROPERTIES.

Those businesses which had servicing arrangements with the Rodent Control Section of the department were visited regularly and any infestation dealt with as required.

Shops, hotels and factories, particularly those where food is sold or prepared, were inspected as a matter of routine.

ALLOTMENTS.

There was an increase in the rat population on the allotments situated in the Cobholm area. This was mainly due to the difficulty of organising block treatment in an area where many plots are fenced in with no means of access during normal working hours.

Many complaints were received from allotment holders of the destruction of vegetable crops by coypus. Although this authority has no obligation to destroy these animals, advice and practical help were given with a view to preventing damage to crops.

MEASURES OF CONTROL BY LOCAL AUTHORITY

	Type of Property				
	Non-Agricultural				Agricultural
	Local Authority	Dwelling Houses (including Council Houses)	All Other (including Business Premises)	Total	
Total No. of properties	167	17271	3465	20903	13
No. of properties inspected as a result of :					
(a) Notification	15	396	195	606	—
(b) Survey under the Act	45	1208	420	1673	11
(c) Otherwise	68	605	391	1064	3
Total inspections carried out—including re-inspections	221	5008	1265	6494	39
No. of properties found to be infested by rats or mice—					
Rats, Major	—	—	—	—	—
Rats, Minor	28	409	163	600	8
Mice, Major	—	2	—	2	—
Mice, Minor	8	221	83	312	1
No. of infested properties treated	36	619	188	843	9
Total treatments carried out—including re-treatments	42	727	228	997	27
No. of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
No. of cases in which default action was taken	—	—	—	—	—
Legal proceedings	—	—	—	—	—
No. of "block" control schemes carried out	11	9	2	22	5

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

This report is again compiled in accordance with the form and sequence suggested by the Ministry of Health in circular 33/52. Information under sections I, V, VI, VIII, XV and XVI has not been repeated as there has been no change from the previous report.

Section I — STAFF

TABLE A.

No change.

Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B.

Ships from	Number	Tonnage	Number inspected By the M.O.H.	Number inspected By the Inspector	Number of ships re- ported as having, or having had during the voyage, infectious disease on board
Foreign Ports	472	103,319	13	147	—
Coastwise	1,137	288,702	—	41	—
Total	1,609	392,021	13	188	—

Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

PASSENGER TRAFFIC.

There was no passenger traffic during the year.

CARGO TRAFFIC.

The principal imports and exports for 1959 are shown below together with the figures for the previous two years.

Principal imports :

Import		1959	1958	1957
Grain (Quarters)	...	203,710	186,214	136,077
Groceries (Tons)	...	8,951	8,017	3,544
Meal, etc. (Tons)	...	11,128	11,137	10,218
Manures (Tons)	...	27,414	21,365	19,404
Salt (Tons)	...	7,085	6,670	5,784
Strawboards (Tons)	...	4,410	10,425	8,105
Wood (Standards)	...	20,064	18,336	14,454
Woodpulp (Tons)	...	3,233	2,068	3,026
Metals (Tons)	...	583	699	3,309
Coal (Tons)	...	157,030	169,384	185,522
Cattle Cake (Tons)	...	2,605	2,324	1,465
Paper (Tons)	...	368	221	—
Petrol and oil (Tons)	...	335,904	250,423	97,199
Stone (Tons)	...	6,750	8,331	9,990
Potatoes (Tons)	...	2,643	1,767	187
Sugar Beet (Tons)	...	—	—	1,387
Oystershell (Tons)	...	1,269	1,042	1,185
Machinery (Tons)	...	68	52	—
Miscellaneous goods (Tons)		3,632	1,965	2,160
Herrings (Tons)	...	1,136	—	—

Fish landings :

In addition to the imports shown above, 28,297 crans of herrings were landed at the Fish Market during the fishing season. The following figures provide a comparison between the quantity and value of herrings landed at Great Yarmouth during 1959 and previous years.

Year	No. of Landings	Quantity (Crans)	Value
1959	1,734	28,297	£195,531
1958	1,771	34,126	£255,191
1957	2,628	72,458	£390,701
1956	2,127	60,213	£281,268

Principal exports :

Export		1959	1958	1957
Grain (Quarters)	...	79,693	86,785	16,462
Herrings (Tons)	...	189	1,173	1,618
Live Cattle (Head)	...	3,655	—	3,145
Molasses (Tons)	...	10,708	5,157	8,548
Sugar (Tons)	...	7,820	6,685	12,839
Scrap Metal (Tons)	...	59,027	27,594	26,042
Coke breeze (Tons)	...	3,617	6,049	4,842
Machinery (Tons)	...	—	117	403
Spent oxide (Tons)	...	1,121	697	—
Miscellaneous goods (Tons)		2,019	1,555	1,928

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.

Denmark—Fredricksund, Esbjerg.

East Germany—Wismar, Rostock.

West Germany—Bremen, Hamburg.

Finland—Abo, Kemi, Kotka, Kasko.

Holland—Amsterdam, Rotterdam.

Norway—Christiansund, Trondheim, Oslo, Bergen.

Poland—Stettin.

Russia—Leningrad.

Sweden—Gothenburg, Kalmar, Larvik.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

Section V — WATER SUPPLY

No change.

Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

No change.

Section VII — SMALLPOX

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.
Dr. A. G. Smith, 24 Unthank Road, Norwich.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII — VENEREAL DISEASE

No change.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases of malaria occurred in ships entering the port.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague arrived at the port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) Ships arriving from foreign ports are examined by the Inspector in the first instance, and if any evidence is found the Rodent Officer is called in to make a more extensive search.

(2) When required, bacteriological and pathological examinations of rodents are carried out on behalf of the authority by the Public Health Laboratory, Norwich. No rodents were sent for examination during the year.

(3) Great Yarmouth is not an "approved port" for "deratting" but when any action is required trapping and poisoning is carried out by the staff of the local authority.

(4) Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.

TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from foreign ports	In coastwise ships and fishing vessels	In docks, quays, wharfs and warehouses	
Black rats	—	—	—	—
Brown rats	—	12	121	133
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

Great Yarmouth is not an approved port.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER. 1951.

Four rodent control certificates were issued in accordance with Article 3(2)(b) of the Order.

The object of the issue of these certificates is to provide port authorities with the information that coastwise vessels are free or have recently been freed from rats and mice. They are valid for four months from the date of issue.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections	Notices served		Result of serving notices
	Statutory notices	*Other notices	
British ships	58	—	3 complied with
Foreign ships	130	—	10 complied with
British fishing vessels	—	—	—
Total	188	—	13 complied with

* Including oral notices

Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.

No change.

Section XV — MEDICAL INSPECTION OF ALIENS

No change.

Section XVI — MISCELLANEOUS

No change.

FOOD INSPECTION

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1948

Food imports continued during the year, mainly from Holland. They included canned luncheon meats, canned fruit, canned ham, lard, cheese and onions.

Inspection and sampling of these imports were carried out over the year. The samples taken were submitted to Dr. E. C. Wood, the Public Analyst.

Number of inspections of consignments of imported food : 101.

Samples of imported food sent to public analyst :

	No. submitted	Result
Lard	3	Genuine
Canned pork luncheon meat	1	Genuine
Dried peas	1	Genuine
Biscuits	1	Genuine
Canned blackberries	2	Genuine
Canned Cream	1	Genuine
Canned luncheon meat	1	Not genuine
Canned braised pork kidneys	1	Not genuine

The samples of canned luncheon meat and canned braised pork kidneys were reported by the Public Analyst as not genuine because the meat contents were below the standards considered as reasonable ones by the Association of Public Analysts. In addition, Dr. Wood considered that because of the low meat content of the canned braised pork kidneys they should have been described as braised pork kidneys in gravy.

These matters were taken up with the Importer who agreed to instruct his manufacturer to produce the above-mentioned products at not less than the requested percentages of meat content, and also agreed to alter the labelling of the braised pork kidneys.

The Report of The Principal School Medical Officer

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,
Great Yarmouth.

August 1960.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

I have the honour to present the report on the work of the School Health Service for the year 1959. The work of the service was fully maintained in spite of the heavy demands placed on the staff by the poliomyelitis and B.C.G. vaccination campaigns. The health of the children remains in a highly satisfactory state and I would like to draw attention to only a few topics.

SHOES AND FEET.

One of the functions of the School Health Service is the prevention of deformities and crippling. The staff of the service are becoming increasingly disturbed by the adoption by schoolgirls of the present fashions in ladies' footwear which seem almost to be designed to produce deformities. It is when feet are in the stage of active growth that most harm is likely to be done. The Chinese custom of binding children's feet has long been regarded as barbarous and is now being abandoned, and we in this country have abandoned the comparable fashion of tight lacing. It now appears that fashion has decreed a new form of self-imposed torture which, even if it does not cause suffering at the time, will certainly do so in later years. The staff of the service constantly warn parents and children of the dangers of ill-fitting and badly designed footwear but the teenagers are more responsive to fashionable trends than to advice of school doctors and nurses. What is more surprising is that although there are so many weary foot-conscious housewives suffering today the effects of bad footwear in their earlier years, so little is done by parents to prevent their children treading the same painful and disabling path.

Fashion is not however the only sinner. Insufficient attention is paid to the correct fitting of shoes. In a survey carried out amongst schoolchildren in another area it was found that nearly a third of them were not even present when shoes were chosen for them. Another factor is that little allowance is made for the rate of growth of children's feet. A shoe correctly fitted when bought will allow for four to six

months' growth. The habit of keeping one pair of shoes as "best" often means that the feet have outgrown them by the time they are brought into daily use.

At a time when the general condition of the children of the town is so good it is to be hoped that parents will pay a much greater attention to this important aspect of their children's health.

DENTAL SERVICE.

Work was put in hand to provide an extra dental surgery at Gorleston clinic to accommodate the additional dentist authorised on the establishment. Although there are indications that more parents and children are taking an interest in maintaining dental fitness, the dental condition of the schoolchildren is still far from satisfactory. If it is possible to obtain the services of another dentist and also a further increase in the co-operation of parents, it ought to be possible to achieve a very high standard in the town.

TUBERCULOSIS.

Attention is directed to the extensive investigation undertaken following the discovery of a case of tuberculosis in a student teacher working in schools in the town. Fortunately none of the schoolchildren was infected but the incident is a reminder that this disease is by no means conquered and that constant vigilance is still necessary. It should also encourage parents to give consent for B.C.G. vaccination when they are invited to do so.

HANDICAPPED PUPILS

The policy of keeping handicapped pupils in their own town as far as possible, instead of sending them to boarding special schools, was continued. During the year two classes for educationally sub-normal pupils were established in secondary modern schools on the same lines as those previously established in junior schools, and met with an equal success.

EAST ANGLIAN SCHOOL.

It will be noted that the new arrangements at the East Anglian School resulted in the school health service of that school being brought under the administration of this department for the first time.

STAFF.

The department lost the full-time services of Mr. Walter Nicholls, the Principal School Dental Officer, on his retirement in July. He joined the department in 1942 and was one of the small number of dentists in the country who remained faithful to the School Health Service when, on the introduction of the National Health Service in 1948, there was a great exodus to general practice. He was well suited

to dealing with children and many of them now grown to adult life with sound teeth have reason to be grateful to Mr. Nicholls for his efforts in their earlier years.

ACKNOWLEDGEMENTS

I wish to convey to the Committee the thanks and appreciation of the staff and myself for their support and encouragement which make our work so much more pleasant and satisfying. I would also like to express my personal appreciation of the good year's work carried out by the staff.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

Principal School Medical Officer.

EDUCATION COMMITTEE

1959 - 1960

COUNCIL MEMBERS

Chairman :

Councillor J. BIRCHENALL

Vice-Chairman :

Alderman Mrs. K. M. ADLINGTON

Members :

The Mayor, Councillor E. W. APPLEGATE

Alderman E. BARKER

Alderman Mrs. L. M. GILHAM

Alderman H. J. SHORTEN

Councillor Mrs. C. BATLEY

Councillor L. F. BUNNEWELL

Councillor H. F. COLE

Councillor F. W. C. FLATMAN

Councillor H. G. HOLMES

Councillor H. D. McGEE

Councillor H. R. MUSKETT

Councillor J. P. WINTER

NON-COUNCIL MEMBERS

Mrs. E. A. GODFREY

H. W. KNIGHTS, Esq.

Mrs. P. H. PALMER

W. STOWERS, Esq.

The Reverend R. H. SABIN, M.A.

The Reverend A. G. G. THURLOW, M.A.

The Reverend E. McBRIDE

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

School Medical Officers :

B. DIDSBURY, M.B., Ch.B., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

V. E. A. MARWOOD, M.B., Ch.B. (East Anglian School).

Principal School Dental Officer :

W. NICHOLLS, L.D.S., R.C.S. (to 18.7.59)

School Dental Officer :

K. L. HARRIES, L.D.S., R.F.P.S.

Ophthalmologist (part time) :

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Consultants (East Anglian School) :

Ear, Nose and

Throat—B. ADLINGTON, M.R.C.S., L.R.C.P., F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

Speech Therapist (part-time) :

D. BARBER, L.C.S.T.

Superintendent Nursing Officer :

G. C. MOORE, S.R.N., S.C.M., Q.N.cert., H.V.cert.

School Nurses :

R. WHILEY, S.R.N. (full-time)

D. IRELAND, S.R.N. (full-time)

E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)

M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

E. CHARMAN, S.R.N., S.C.M., H.V.cert. (part-time)

J. L. BEALES, S.R.N., S.C.M., H.V.cert. (part-time)

Chief Clerk :

A. G. SHOOBRIDGE

Senior Clerk :

L. C. BANHAM

Clinic Clerks :

E. COOPER

M. ROWLAND (to 20.6.59)

J. A. FROSDICK (from 6.7.59)

Dental Attendants :

B. BOYES

B. J. ROLL

POPULATION AND SCHOOL ATTENDANCE

The Registrar-General's estimate of the mid-year population was 51,300 which is 100 less than last year. The number of pupils on the school registers in January 1959 was 9289, an increase of 115 over the previous year's total. The increase was the net result of an increase of 429 secondary pupils and 44 infants and a decrease of 358 junior pupils. These alterations result from the fact that the 1953 "bulge" in the infants' schools has now moved on to secondary schools. The number of secondary school pupils has in fact increased by 42% since 1953. The total number of pupils on the school registers in January of each year since 1949 is as follows :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
7135	7355	7545	7998	8435	8755	8924	9082	9209	9174	9289

The amicable arrangements between general practitioners, the Principal School Medical Officer and the Education Department in relation to children absent from school on medical grounds continued throughout the year.

Average numbers on books and average attendance for the year ended 31st March 1959 :—

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Alderman Swindell	280	170	147	86
Greenacre	200	120	105	88
Northgate St. Andrew	160	173	153	88
St. George's	200	154	130	84
Cobholm*	150	121	103	85
Edward Worlledge	120	84	75	89
Church Road	280	141	127	90
Peterhouse	280	299	275	92
Stradbroke	200	160	140	88
Wroughton*	310	251	218	87
Herman	240	279	254	91
	2420	1952	1727	88

*including Nursery Class (30)

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Greenacre	280	300	281	94
Nelson	240	204	190	93
North Denes	360	316	294	93
Cobholm	200	155	145	94
Edward Worlledge	160	160	148	93
Church Road	200	168	156	93
Stradbroke	400	307	287	93
Wroughton	480	410	385	94
Peterhouse	480	470	441	94
Herman	320	376	345	92
	3120	2866	2672	93

SECONDARY SCHOOLS

Cliff Park	90	95	88	93
Greenacre	480	415	373	90
Hospital	480	411	373	91
Alderman Leach	540	569	532	93
Gorleston Girls'	480	539	498	92
Technical	680	669	634	95
Grammar	480	454	428	94
High	540	477	448	94
Styles	240	279	263	94
	4010	3908	3637	93

VOLUNTARY SCHOOLS

St. Nicholas Junior	320	317	298	94
St. Mary's R.C.				
Senior	60	84	77	92
Junior	120	98	92	94
Infants'	72	41	36	88
	572	540	503	93

SCHOOL MEDICAL INSPECTION

The arrangements for school medical inspection remained unchanged. A routine examination of schoolchildren is carried out three times during their school life, the first as "entrants" soon after they enter school, the second as "junior leavers" before they leave junior schools, and the third as "secondary leavers" before they leave secondary schools. When the School Medical Officers feel that a child requires a further examination at a later date, arrangements are made for "re-inspection" either at the school or the clinic. Children not due for periodic inspection may have "special inspections" at the request of parents, teachers or school nurses.

Children are given an additional vision test by the school nurse between the ages of 6 and 7 in order to detect defects of vision at an early age. New vision charts were introduced during the year in the hope that it may be possible to carry out these tests at an even earlier age.

The routine inspections include tests for colour vision for boys in junior and secondary schools.

The medical inspection of secondary leavers enables the School Medical Officer to detect any conditions which would make the child unsuitable for certain types of employment. Confidential medical reports based on these examinations are sent to the Youth Employment Officer on all secondary school leavers indicating unsuitable employment when appropriate.

The following tables provide statistical information on the inspections and the findings which resulted from them :—

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS AND SPECIAL SCHOOL

Periodic Medical Inspections

Number of inspections in the prescribed groups :—

Entrants	...	...	803
Junior leavers	...	...	880
Secondary leavers	...	...	771
			—
Total	...	...	2454
			—

Other Inspections

Special inspections	...	...	566
Re-inspections	...	...	172
			—
Total	...	...	738
			—

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1955 and later	5	27	27
1954	1	46	46
1953	4	6	7
1952	—	7	7
1951	4	3	4
1950	1	—	1
1949	1	1	1
1948	76	49	114
1947	26	21	44
1946	1	1	1
1945	4	1	4
1944 and earlier	180	66	225
Totals	303	228	481

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	42	35	70	—
Eyes :—				
Vision	303	55	38	1
Squint	49	11	6	—
Other	7	1	1	—
Ears :—				
Hearing	13	3	—	—
Otitis media	6	19	1	—
Other	9	2	1	—
Nose and Throat	13	40	2	—
Speech	18	10	6	—
Lymphatic glands	1	1	1	—
Heart	1	4	—	—
Lungs	12	33	2	—
Developmental :—				
Hernia	3	7	—	—
Other	3	9	2	—
Orthopædic				
Posture	5	13	2	—
Feet	6	36	2	—
Other	20	22	2	—
Nervous system :—				
Epilepsy	5	—	—	—
Other	3	4	2	—
Psychological :—				
Development	2	40	17	—
Stability	1	16	3	—
Abdomen	—	1	—	—
Other	9	7	13	—

Parents are invited to be present at the inspections at appointed times in order to avoid unnecessary waiting. Attendance of parents was high for the entrants, somewhat lower for the junior leavers and much lower for the leavers.

	Parents attending examinations	
	1959	1958
Entrants	97 %	98 %
Intermediate	85 %	88 %
Leavers	34 %	31 %

Physical condition of pupils inspected

As part of the periodic medical inspection the School Medical Officer is asked to record his opinion about the child's physical condition, and the table below shows the findings in age groups. Although a very large percentage of the children are described as having a satisfactory condition, this does not mean that their health cannot be improved. One of the advantages of the present form of school medical inspection is that it gives a good opportunity to the school doctor of advising all parents about the health of the children and how it can be improved. Many parents go to considerable trouble in order to be present at these inspections.

Age Groups Inspected (By years of birth)	No. of pupils Inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
(1)	(2)				
1955 and later	241	240	99.6	1	0.4
1954	444	442	99.6	2	0.4
1953	84	80	99.5	4	0.5
1952	18	18	100.0	—	—
1951	6	6	100.0	—	—
1950	1	1	100.0	—	—
1949	2	2	100.0	—	—
1948	664	663	99.9	1	0.1
1947	218	216	99.1	2	0.9
1946	1	1	100.0	—	—
1945	18	18	100.0	—	—
1944 and earlier	757	755	99.7	2	0.3
Total	2454	2442	99.5	12	0.5

HEIGHTS AND WEIGHTS

For some years it has been the custom to include in the annual report statistical averages of the heights and weights of children between certain ages examined at the three main routine medical inspections. Figures for 1959 and the previous year are incorporated in the table below :—

A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1959	72	5 8/12	43.4 ins.	43.3 lbs.
	1958	50	5 8/12	44.3 ins.	46.9 lbs.
11-11½ yrs.	1959	223	11 3/12	56.6 ins.	79.6 lbs.
	1958	226	11 3/12	55.4 ins.	78.2 lbs.
14½-14¾ yrs.	1959	141	14 6/12	62.3 ins.	115.6 lbs.
	1958	114	14 6/12	62.1 ins.	113.2 lbs.

B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1959	68	5 8/12	43.8 ins.	46.0 lbs.
	1958	68	5 8/12	43.5 ins.	45.2 lbs.
11-11½ yrs.	1959	265	11 3/12	56.2 ins.	80.7 lbs.
	1958	225	11 3/12	56.3 ins.	80.5 lbs.
14½-14¾ yrs.	1959	149	14 6/12	63.5 ins.	112.7 lbs.
	1958	124	14 6/12	63.6 ins.	115.7 lbs.

TREATMENT

SCHOOL CLINICS

Two school clinics are situated in the area :—

Great Yarmouth School Clinic,
Greyfriars Way.

Gorleston School Clinic,
Trafalgar Road East.

Clinic sessions were held each school day at the Yarmouth clinic and on alternate days during the holidays. Owing to shortage of nursing staff at Gorleston the sessions there had to be reduced to three each week, on alternate days, but special arrangements were made if a child needed to be seen without delay or required continuous daily treatment. This enabled all children to receive daily treatment and supervision where required. A medical officer attended both clinics once weekly and at a further session if required.

These clinics are primarily for the treatment of minor ailments and skin diseases but are also open for consultation on other diseases and defects and for the periodic re-examination of schoolchildren requiring follow-up advice and treatment.

The total number of attendances at the authority's clinics for all purposes except errors of refraction was :—

	1959	1958
Great Yarmouth	2015	2197
Gorleston	1510	1990
	—	—
	3525	4187
	—	—

The Ministry of Education tables in the following sections show the number of schoolchildren known to have received treatment either at school clinics or otherwise during the year.

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of diseases or infections of the skin at an early stage is one of the most important functions of the clinic as it may prevent the condition progressing to a stage which would require the children to stay away from school.

In total 472 cases were treated compared with 535 last year. All but 30 were treated at the clinics. The table below analyses the skin diseases treated.

Chilblains were again much in evidence during the cold months but responded well to general and local treatment.

There were no cases of scalp ringworm but 4 cases of body ringworm were treated.

No case of scabies occurred during the year.

The number of cases of impetigo showed a slight increase, 36 cases being treated against 20 last year.

112 cases of warts, mostly of the common varieties found on the fingers and hands, were treated by CO_2 and other methods and are included amongst the other skin diseases.

Seventy cases of athlete's foot occurred at the Grammar School and were treated by the school medical officer at the school.

	Number of cases known to have been treated
Ringworm—scalp	—
—body	4
Scabies	—
Impetigo	36
Other skin diseases	432
	—
Total	472
	—

EYE DISEASES, DEFECTIVE VISION AND SQUINT

The minor ailments clinics were responsible for treating conjunctivitis, blepharitis and other diseases of the eye within their scope. The number of such cases treated was 45. More serious conditions were referred to hospital.

Clinics for defective vision were provided by the education authority and were held once or twice weekly as required. The ophthalmologist was employed and paid by the authority on a sessional basis but fees payable by the Executive Council under the Supplementary Ophthalmic Service were handed over to the authority. Glasses were provided through Executive Council arrangements but the education authority undertook financial responsibility for repair and replacement with standard frames in cases where a charge was made for these services.

The ophthalmologist notes that there has been little change in the numbers of children attending, and increased viewing of television does not seem to have increased the numbers of new tests showing myopia. The introduction of cyclogyl as mydriatic, although slightly more costly, enables examination of the smaller children to be done with less disturbance of their school work.

The following table summarises the work done :—

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	46
Errors of refraction (including squint)	669
 Total	 715
 Number of pupils for whom spectacles were prescribed	 455

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 44 compared with 53 last year. Five received hospital treatment.

The number who received operative treatment at the hospital for tonsils and adenoids was 268 compared with 234 last year.

Number of cases known to
have been dealt with

Received operative treatment:—

for diseases of the ear	13
for adenoids and chronic tonsillitis	268
for other nose and throat conditions	22

Received other forms of treatment	5
-----------------------------------	---

308

Frequency of Tonsillectomy in children.

The Special Services Branch of the Ministry of Education has published the results of the 1958 enquiry into the frequency of tonsillectomy in children.

At the periodic medical inspections a note was made of all children who had had their tonsils removed. Similar enquiries were undertaken in 1956 and 1957. In the table below the figures for Great Yarmouth are compared with all other County Boroughs in England and with the national figures for England and Wales. In addition, the opportunity has been taken to compare the Great Yarmouth figures with those of other authorities in East Anglia and also with those of some other principal holiday resorts. In the main the figures show that more children had had their tonsils removed in Great Yarmouth than in other parts of East Anglia. In the country as a whole, children who reside in seaside holiday resorts tend to have a higher rate of tonsillectomy than those in other areas.

	Entrants	Intermediate	Leavers
Great Yarmouth	5.6	28.1	25.7
County Boroughs	5.4	17.8	28.2
England and Wales	4.8	18.6	23.2
Cambridgeshire	2.8	10.8	23.0
Norfolk	2.6	8.3	10.1
Suffolk, East	2.8	5.7	12.0
Suffolk, West	3.1	16.7	19.6
Ipswich	5.1	17.9	22.4
Norwich	1.8	17.1	18.3

Blackpool	14.1	28.2	35.0
Bournemouth	7.1	31.6	33.6
Brighton	11.9	32.5	32.6
Eastbourne	5.6	24.6	28.9
Hastings	7.0	13.4	13.1
Southend-on-Sea	6.1	13.8	23.6
Southport	10.5	24.9	19.1

ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the authority. Children are referred to the outpatient clinic at the hospital. The hospital authorities also provide a long-stay orthopaedic hospital for children at Melton Lodge.

The number of children known to have been treated at the outpatient department was 343 as compared with 286 last year.

CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities under the general direction of Dr. J. V. Morris, Medical Superintendent of Little Plumstead Hospital. I am obliged to him for the following report :—

During 1959, 32 sessions were held at which 23 new cases were treated and 41 children were recalled to the clinic—a total of 64 cases.

Regular clinics have been held at the Northgate Hospital and every co-operation has been received from Dr. B. Didsbury, the School Medical Officer.

During the year the clinic was staffed by Dr. G. L. Ashford. Mr. A. C. Adams, Psychiatric Social Worker, has been of great assistance and Miss J. M. R. Caseby carried out all psychological testing necessary.

The sources of reference were :—

General medical practitioners	56.5%
Consultants	13.1%
Probation Officers	8.7%
School Medical Officers	21.7%

The following is a list of the reasons for reference in percentages :—

Behaviour difficulties	47.8%
Emotional difficulties	47.8%
Assessment of intelligence	4.4%

SPEECH THERAPY

There was no change in the arrangements for speech therapy. The therapist held two sessions per week at the clinics and also visited schools as required to discuss cases with teachers. Although the number of sessions is small for the school population there was no waiting list for the clinics.

The following is a statistical summary of the work at the clinics :—

	Yarmouth	Gorleston	Total
Cases treated	24	52	76
Attendances	184	358	542
New cases	7	14	21
Discharged	5	11	16
Left area	1	2	3
Left school	—	1	1
Defects treated :			
Stammering	11	17	28
Cleft palate	1	4	5
Dyslalia	6	16	22
Deaf speech	1	1	2
Defective speech associated with mental backwardness	5	10	15
Sigmatism	—	3	3
Spastic speech	—	1	1
	—	—	—
	24	52	76
	—	—	—

MINOR AILMENTS

The clinics were open daily for the treatment of minor ailments. The number treated was 384 compared with 445 last year.

The hospital reported that they treated 1567 minor ailments but it is likely that this figure includes a considerable number of holiday-makers and others from outside the area who tend to look to the hospital for treatment of their minor illnesses and injuries.

HANDICAPPED PUPILS

Sections 33 and 34 of the Education Act, 1944, require local education authorities to provide special educational treatment for certain categories of pupils who have a physical or mental disability. Ten separate categories are defined in detail in the School Health Service and Handicapped Pupils Regulations, 1953.

During the year the following handicapped pupils were newly ascertained :—

Physically handicapped	1
Deaf	1
Educationally subnormal	16
Maladjusted	2

Among those ascertained, in this and previous years, the following were admitted to special schools or homes :—

Deaf	1
Educationally subnormal	1
Maladjusted	3

At the end of the year there were 91 pupils on the handicapped pupils register. The position in December 1959 may be summarised in the following way :—

Blind	1—In a residential special school.
Partially sighted	2—Both in a residential special school.
Deaf	6—All in a residential special school.
Partially deaf	1—In residential special school.
Physically handicapped	9—2 in residential special schools. 3 at home — receiving home teaching. 3 recommended for special educational treatment in ordinary schools. 1 in ordinary school pending placement in residential special school.
Educationally subnormal	63—3 in residential special schools. 59 attending special classes for educationally subnormal pupils in ordinary schools. 1 in ordinary school pending placement in residential special school.
Maladjusted	9—In residential schools or hostels.

LOCAL PROVISION FOR HANDICAPPED CHILDREN

Last year's report contained a general review of the problems of the handicapped child in the small authority and of the means which had been adopted locally for dealing with them. It is only necessary this year to refer to the following aspects.

Special classes for educationally subnormal pupils.

Educationally subnormal pupils are defined as "pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary

schools". In most authorities it is the practice to provide this specialised education either in day or residential special schools. Experience in Great Yarmouth has shown that nearly all of these pupils can receive specialised education in special small classes in ordinary schools. In 1958 special classes were established in two junior schools. The policy proved to be so successful that classes for senior pupils were started in 1959 at the Hospital Secondary Modern School and the Cliff Park Secondary Modern School. Tribute is paid to the teachers who have responsibility for work in these special classes and to the co-operation and interest of the Head Teachers of the schools concerned.

Home Teaching.

The authority continued its policy of providing home teaching for children who for any reason cannot attend ordinary or special schools. Nine children received home teaching during the year.

Transport.

In order to maintain the education of children who for any reason, e.g. a fractured leg, are temporarily unable to travel to school by ordinary means, the authority provides special transport to and from school. Three children received the benefit of this service during the year.

EAST ANGLIAN SCHOOL

The East Anglian Institution for Blind and Deaf Children was established in 1910 under a joint committee consisting of 7 contracting authorities, viz. the Cambridgeshire, East Suffolk, Essex, Isle of Ely and Norfolk County Councils and the Norwich and Great Yarmouth County Borough Councils. In 1959 a new agreement was reached under which the administration of the East Anglian School (as it is now named) was transferred to the Great Yarmouth County Borough Council with a board of governors consisting of representatives from the 7 named authorities. The school caters for deaf and for partially sighted children.

Responsibility for the school health service under the previous administration rested with a general practitioner employed by the board of governors. Now the responsibility is transferred to the local education authority's school health service. In practice it was decided to retain the services of the general practitioner for the clinical work of the service under the general direction of the Principal School Medical Officer. The staff also includes an ear, nose and throat surgeon, an ophthalmic surgeon, an orthopaedic surgeon and a dental surgeon.

The capacity of the school is 160 places, of which 85 are for deaf and 75 for partially sighted children.

VACCINATION AND IMMUNISATION

It is possible to protect the schoolchild against a range of diseases which in former years might have caused death or a disability. These include smallpox, diphtheria, whooping cough, tetanus, tuberculosis and poliomyelitis. The School Health Service has concentrated most of its

attention against diphtheria, tuberculosis and poliomyelitis, although protection against the other diseases is readily available at the local health authority clinics.

DIPHTHERIA

In 1958 a concerted effort was made to persuade the parents of new entrants to infants' schools to consent to having their children re-immunised against diphtheria. This policy was continued in 1959.

	1959	1958	1957
First immunisation	41	26	24
"Booster" doses	276	236	157

TUBERCULOSIS

The scheme for B.C.G. vaccination against tuberculosis, which previously was limited to 13 year old children, was extended during 1959 to include all pupils of 13 years and over who were still at school or at establishments of further education. In pursuance of this policy 795 children had preliminary skin tests and 653 were vaccinated. All pupils who were found to have a positive skin reaction were referred to the chest clinic but none was found to have active tuberculosis.

POLIOMYELITIS

It was recorded in last year's annual report that a very high percentage of children of school age in Great Yarmouth had been registered for poliomyelitis immunisation. During 1959 the percentage of registrations increased to an even higher level. In the main, vaccine was freely available during the year and it was possible for the school medical officers to give the majority of children a third, "booster", dose before the summer. Because of the large number of pupils involved and to reduce interference with the children's education to a minimum, most of the immunisation was undertaken in the schools. It is not easily possible to give separate statistics of the number of children immunised against poliomyelitis. They are included among the statistics shown under the section dealing with vaccination and immunisation in the report of the Medical Officer of Health.

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1959 and also in the two previous years. No cases of poliomyelitis or diphtheria were notified.

	1959	1958	1957
Scarlet fever	7	6	9
Diphtheria	—	—	—
Measles	240	98	671
Whooping cough	1	6	111
Pneumonia	—	3	4
Poliomyelitis	—	—	7
Dsyentery	5	3	—
Encephalitis	—	1	—
Food poisoning	4	8	1
Tuberculosis, respiratory	1	2	—
Tuberculosis, other	—	1	—
Jaundice	29	2	—

TUBERCULOSIS

There was one notification of pulmonary tuberculosis in a child of school age. This was in a girl aged 7 who attended the Chest Clinic as a contact of a relative who had recently been diagnosed as suffering from active pulmonary tuberculosis. The child had an active primary lesion and was admitted to Kelling Children's Hospital.

No case of non-pulmonary tuberculosis in a school child was notified during the year.

Thirty-three children who attended the Chest Clinic as contacts of known cases of tuberculosis were given B.C.G. vaccination. Nineteen student teachers were X-rayed before entering colleges.

In October information was received that a student teacher in the town had been diagnosed as having pulmonary tuberculosis and was in a highly infectious condition. He was a member of a party of 52 students who had come to Great Yarmouth from a training college in a distant part of the country to gain teaching experience and he had been working in a local school. As there was considerable risk that the infection might have spread to his fellow students, to the schoolchildren or to other contacts, a considerable operation was undertaken in co-operation with Dr. I. M. Young the Chest Physician.

All the students and their three tutors attended the Chest Clinic for tuberculin skin testing and X-ray. One student was found to have early tuberculosis of the lungs and was sent back to his home for treatment.

All members of the staffs of both schools in which the two students had been working were invited to attend the Chest Clinic and all,

from the Headmasters to the cleaners, responded. The staff of the hotel where the students were accommodated were also investigated. No cases of tuberculosis were found in these groups.

The parents of pupils attending both schools were informed of the situation and nearly all gave their consent for investigations involving their children. Tuberculin skin tests were carried out, and as an extra precaution negative reactors were retested at a later date. Positive reactors were referred to the Chest Clinic for full investigation. Fortunately no further cases of tuberculosis were discovered.

As an index of the amount of work which the investigation involved it may be recorded that 755 children in the two schools had tuberculin skin tests. The work in the schools was done by the Deputy Medical Officer of Health assisted by the Tuberculosis Health Visitor. At every stage of the investigation the fullest co-operation was received from Dr. Young and the staff of the Chest Clinic. Tribute is also paid to the willing co-operation of the Headmasters of the two schools involved which greatly facilitated the work.

DEATHS OF SCHOOLCHILDREN

There were three deaths of schoolchildren during the year. One was certified as due to gastro-enteritis and mental deficiency in an 8 year old boy. One was due to polycystic disease of the kidney in an 11 year old boy. The third death, in a 13 year old boy, was the subject of an inquest at which the verdict was misadventure, the death having been caused by injuries sustained as a result of falling from a tree.

INFESTATION WITH VERMIN

The School Nurses carried out periodic surveys of cleanliness and re-inspections of individual pupils as required. Supervision of the children was conducted on the same lines as last year, omitting the Grammar School except on request from the Headmaster, and paying an annual visit only to the High, Technical and Alderman Leach Schools. These arrangements resulted in a reduction in the number of examinations during 1959.

Where necessary, children were excluded from school and supplied with a suitable insecticide from the Minor Ailments Clinic for use at home. The School Nurses report that there is very close co-operation between the parents and themselves. The parents are very anxious to get their children clean and back at school as soon as possible. Where there are older members in the family affected the Health Visitors visit the homes to advise them on their personal hygiene. The School Nurses also pay visits to the homes, but their scope is limited to the visiting of schoolchildren.

As is previous years, the infestation was confined to a small group of families but these parents are showing more willingness to co-operate. No formal notices were issued as the School Nurses find it more profitable to have a talk with the mother on a friendly basis.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons	...	14,938
Total number of individual pupils found to be infested		140
Number of individual pupils in respect of whom cleaning notices were issued (section 54(2), Education Act, 1944)	...	—
Number of individual pupils in respect of whom cleaning orders were issued (section 54(3), Education Act, 1944)	...	—
Informal notices	...	104

The following table shows, over the past nine years, the number of children and percentage of the school population found to be infested :

1951	254	3.3%
1952	191	2.3%
1953	131	1.5%
1954	117	1.3%
1955	162	1.8%
1956	153	1.7%
1957	132	1.4%
1958	133	1.4%
1959	140	0.94%

SCHOOL DENTAL SERVICE

Mr. Walter Nicholls, who had been Principal School Dental Officer to the authority for 16 years, retired from this post in July. This left only one dental officer working in the clinics but the position was eased in the last three months of the year during which Mr. Nicholls returned for four sessions per week at the Great Yarmouth clinic. A new Principal School Dental Officer, Mr. B. C. Clay, was appointed in September and arrangements were made for him to commence duties in January 1960.

Following on an earlier decision of the authority to increase the establishment of dental officers from two to three, work was put in hand to provide an extra dental surgery at Gorleston clinic. If a third dentist can be recruited it should be possible to provide a very satisfactory system of dental inspection and treatment for the schools and also to undertake more dental health education for which there is a great need in the town.

The number of parents seeking regular six-monthly inspection of their children's teeth at the clinics continued to increase and this

produced a growing nucleus of dentally fit children. The service looks forward to the time when fear will be removed from dentistry and when a visit to the dentist will be as commonplace as one to the hairdresser.

The Ministry of Education tables which are quoted below summarise the work of the service. It was again possible to inspect only 9 of the 32 schools in the borough. Work at the clinics included the administration of local anaesthesia to 184 cases, the taking of 22 X-ray films and arrangements for the repair of 18 dentures.

Dental Inspection and Treatment carried out.

1.	Number of pupils inspected by the Authority's Dental Officers :—						
	(a) At periodic inspections	...	...	...	...	...	1875
	(b) As specials	...	...	...	...	...	2283
							—
						Total (1)	4158
							—
2.	Number found to require treatment	...	...	...	...	...	2746
3.	Number offered treatment	...	...	...	...	...	2259
4.	Number actually treated	...	...	...	...	...	2189
5.	Number of attendances made by pupils for treatment, including those recorded at heading 11(h) overleaf	...					5996
6.	Half days devoted to :—						
	Periodic (School) inspection	...	...	...	...	...	15
	Treatment	...	...	...	...	...	572
							—
						Total (6)	587
							—
7.	Fillings :—						
	Permanent teeth	...	...	...	...	...	1589
	Temporary teeth	...	...	...	...	...	196
							—
						Total (7)	1785
							—
8.	Number of teeth filled :—						
	Permanent teeth	...	...	...	...	...	1510
	Temporary teeth	...	...	...	...	...	196
							—
						Total (8)	1706
							—
9.	Extractions :—						
	Permanent teeth	...	...	...	...	...	720
	Temporary teeth	...	...	...	...	...	1582
							—
						Total (9)	2302
							—

10. Administration of general anaesthetics for extraction ...	1120	
11. Orthodontics :—		
(a) Cases commenced during the year	51	
(b) Cases carried forward from previous year	53	
(c) Cases completed during the year	33	
(d) Cases discontinued during the year	22	
(e) Pupils treated with appliances	86	
(f) Removable appliances fitted	97	
(g) Fixed appliances fitted	Nil	
(h) Total attendances	890	
12. Number of pupils supplied with artificial dentures ...	28	
13. Other operations :—		
Permanent teeth	1360	
Temporary teeth	646	
	<hr/>	
	Total (13)	2006
	<hr/>	

PROVISION OF MILK AND MEALS

MILK

Milk in one-third pint bottles was available free of cost to all pupils in maintained and independent schools. Only 78% of the pupils accepted the milk which means that some two thousand pupils declined it. The percentages ranged in different schools between 37 and 97.

MEALS

Mid-day meals, supplied from nine kitchens, were available for all pupils in maintained schools at thirty-one dining centres. The following table shows the statistics for the financial year 1958-59 compared with those for the previous year :—

	1958-59	1957-58
Total number of meals provided	636,932	620,118
Percentage of children having meals	34.9	34.4
Daily average number of free meals	610	618
Daily average number of meals on payment	2,745	2,558
Total daily average	3,427	3,176
Cost per meal to pupils	1/-	1/-

EMPLOYMENT OF SCHOOLCHILDREN

It may come as a surprise to some readers of this report to know that the schoolboy who delivers their morning newspaper or that the schoolgirl who may attend to their requirements at a local shop on a Saturday both require a permit from the local education authority before they can undertake these occupations. Before these permits can be issued it is necessary for these schoolchildren to be examined by a School Medical Officer. During 1959 the medical officers examined 267 children to ascertain if they were fit to undertake employment. In addition, a further 64 children were examined before they were permitted to take part in certain public entertainments.

YOUTH EMPLOYMENT

Confidential medical reports on boys and girls leaving school are given to the Youth Employment Officer in order to help him to avoid placing young people in employment for which, by reason of any handicap, they may be unsuitable. In addition the Youth Employment Officer is able to seek the advice of the School Medical Officer in cases where there are special circumstances, and a considerable amount of informal consultation takes place between them.

MEDICAL EXAMINATION OF TEACHERS

Medical examinations of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952. Thirty-two candidates for training colleges and nine new entrants to the profession were examined during the year.

In addition, 25 practising teachers who were applicants for appointments with this authority were examined as to their fitness for employment, and one examination was carried out on behalf of another authority.

An X-ray examination of the chest was included as an essential part of the medical examination of all new entrants to the profession and of other cases where it appeared to be desirable.

SCHOOL HYGIENE

PREVENTION OF FOOD POISONING

The general arrangements for ensuring a high standard of hygiene in the preparation and serving of school meals and milk, described in the 1954 report, were maintained. There were no cases of food poisoning associated with the School Meals Service.

Routine inspections carried out by the Public Health Inspectors showed that the standard of cleanliness of the personnel was maintained at a high level but was not always matched by the standard of

structural repair and maintenance of fitments. Matters which had been reported in previous years were found to be still outstanding. These included important matters such as the provision of hand washing facilities and the renewal of tops to food preparation tables. Assurances have now been received that these matters will be remedied in the 1960-61 programme.

Milk supplied to schools was all pasteurised and suppliers were approved by the Medical Officer of Health. Fourteen samples of milk supplied to schools were submitted to the Public Analyst for chemical examination and all were found to be genuine. Twelve samples were submitted to bacteriological tests for keeping quality and efficiency of pasteurisation and were satisfactory.

During the year three complaints were received with regard to milk supplies. One concerned the sealing of churns delivered to a school and the other two concerned taste. Representations were made to the suppliers involved. Complaints were also received at the Health Department about a consignment of flour which contained mouse excrement. Mouse excrement was also found in a consignment of sago at another kitchen. These matters were also taken up with the suppliers. Two cases of foreign bodies in imported corned beef were reported. In both cases warning letters were sent to the importers concerned.

SANITARY CONDITION OF SCHOOLS.

Inspections were again carried out in all schools by the Public Health Inspectors and, when necessary, recommendations were made by the Principal School Medical Officer. Here also there was evidence of some delay in having work carried out, but assurances were received that most of the work would be completed within the next year.

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B.C.G. Vaccination	31, 94	Youth Employment	100
Cattle	57				